## Case 17-17753 Doc 1 Filed 06/09/17 Entered 06/09/17 19:08:18 Desc Main Document Page 1 of 80

| Fill in this information to identify your case:                                 |   |                                    |
|---|---|------------------------------------|
| United States Bankruptcy Court for the:  Northern District of: Illinois (State) |   |                                    |
| Case number (if known)  | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | Check if this is an amended filing |

### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pá | art 1: Identify Yourself  |                            |   |
|----|---|----------------------------|---|
|    |   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name  | Jeffery                    | Lashanda                                      |
|    | Write the name that is on   | First name                 | First name                                    |
|    | your government-issued picture identification (for                  | Middle name                | Middle name                                   |
|    | example, your driver's license or passport                          | Lee                        | Hudson  |
|    |   | Last name                  | Last name                                     |
|    | Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. | All other names you   |                            |   |
|    | have used in the last   | First name                 | First name                                    |
|    | 8 years   |                            |   |
|    | Include your married or   | Middle name                | Middle name                                   |
|    | maiden names.   | Last name                  | Last name                                     |
|    |   | Last name                  | Last name                                     |
|    |   | First name                 | First name                                    |
|    |   |                            |   |
|    |   | Middle name                | Middle name                                   |
|    |   | Last name                  | Last name                                     |
| 3. | Only the last 4 digits  | VVV VV 0474                | VVV VV 0447                                   |
|    | of your Social  | XXX - XX- <u>2174</u>      | XXX - XX- <u>3117</u>                         |
|    | Security number or federal Individual                               | OR                         | OR  |
|    | Taxpayer  | 9 xx - xx-                 | 9 xx - xx-                                    |
|    | Identification number (ITIN)  |                            |   |

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| De | ebtor 1 Jeffery First Name                             | Lee Middle Name Last Name   | Case number (if known)   |
|----|--|---|--|
|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4. | Any business names and Employer                        | I have not used any business names or EINs.   | I have not used any business names or EINs.  |
|    | Identification Numbers (EIN) you have used in the last | Business name   | Business name  |
|    | 8 years  | Business name   | Business name  |
|    | Include trade names and doing business as names        | EIN   | EIN  |
|    |  | EIN   | EIN  |
| 5. | Where you live   |   | If Debtor 2 lives at a different address:  |
|    |  | 6750 S. Maplewood, Ave<br>Number Street   | 6750 S Maplewood Ave Number Street   |
|    |  | ChicagoIllinois60629CityStateZip Code   | Chicago Illinois 60629 City State Zip Code   |
|    |  | Cook<br>County  | Cook County  |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |  | Number Street   | Number Street  |
|    |  | City State Zip Code   | City State Zip Code  |
| 6. | Why you are choosing this district                     | Check one:  | Check one:   |
|    | to file for bankruptcy                                 | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |  | I have another reason. Explain. (See 28 U.S.C. §§ 1408  | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)   |
|    |  |   | -  |
|    |  |   | _  |
|    |  |   | -  |
|    |  |   | -  |
|    |  |   |  |

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| De  | btor 1 Jeffery  |   | Lee   |   | Case number (if kno  | wn)  |  |
|-----|---|---|---|---|--|--|--|
|     | First Name  | Middle Name   | Last Name   |   |  |  |  |
| Pa  | rt 2: Tell the Court Abo  | ut Your Bankruptcy Cas  | se  |   |  |  |  |
| 7.  | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under  | Check one. (For a brief de Bankruptcy (Form B2010)  Chapter 7 Chapter 11 Chapter 12 Chapter 13  |   |   |  |  | ndividuals Filing for  |
| 8.  | How you will pay the fee  | more details about h cashier's check, or m may pay with a credi  I need to pay the fee Individuals to Pay You  I request that my fee judge may, but is no the official poverty li | ow you may pay. Typic noney order If your att t card or check with a pe in installments. If you our Filing Fee in Installine be waived (You may t required to, waive you ne that applies to your on, you must fill out th | ally, if you torney is ore-printed unchoose ments (Concepts and family si | ou are paying the<br>submitting you<br>ed address.<br>this option, sig<br>official Form 103<br>this option only<br>d may do so onl<br>ze and you are u | e fee yourself, r payment on your and attach to A).  If you are filingly if your incorunable to pay to | ce in your local court for you may pay with cash, your behalf, your attorney the Application for ag for Chapter 7. By law, a me is less than 150% of the fee in installments). If the fee Waived (Official |
| 9.  | Have you filed for<br>bankruptcy within the<br>last 8 years?  | No.  ✓ Yes. District  District  District  | ern District of Illinois  | When When When  | 5/27/2010<br>MM / DD / YYYY<br>MM / DD / YYYY  | Case number _ Case number _ Case number _  | 1:10-bk-24251  |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Ves. Debtor District Debtor District  |   | When<br>When  | MM / DD / YYYY   | Relationship to Case number, Relationship to Case number,  | you  |
| 11. | Do you rent your residence?   | ✓ No. Go to li  | d obtained an eviction jud<br>ne 12.<br><i>Initial Statement About ar</i><br>nkruptcy petition.   |   | -  |  |  |

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Debtor 1 Jeffery Lee \_\_ Case number (if known) Middle Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. V For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have  $\overline{}$ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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 Debtor 1 First Name
 Jeffery
 Lee
 Case number (if known)

 Last Name
 Last Name

| Pa                                    | Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling                                |   |  |          |   |   |  |  |  |
|---------------------------------------|---|---|--|----------|---|---|--|--|--|
|                                       |   | About Debtor 1:   |  | Ab       | out Debtor 2 (Sp  | oouse Only in a Joint Case):  |  |  |  |
| 15.                                   | Tell the court  | You must check one:   |  | Yo       | u must check one:   |   |  |  |  |
|                                       | whether you have<br>received briefing<br>about credit<br>counseling.                                      | counseling agen   | ing from an approved credit<br>icy within the 180 days before I<br>ptcy petition, and I received a<br>npletion.  | <b>✓</b> | counseling ager   | fing from an approved credit<br>ncy within the 180 days before I<br>aptcy petition, and I received a<br>ampletion.  |  |  |  |
|                                       | The law requires that you receive a briefing  |   | he certificate and the payment plan, veloped with the agency.  |          |   | the certificate and the payment plan, eveloped with the agency.   |  |  |  |
|                                       | about credit counseling before you file for bankruptcy. You must truthfully                               | counseling agen   | ing from an approved credit<br>acy within the 180 days before I<br>ptcy petition, but I do not have a<br>appletion.  |          | counseling ager   | fing from an approved credit<br>ncy within the 180 days before I<br>uptcy petition, but I do not have a<br>mpletion.  |  |  |  |
|                                       | check one of the<br>following choices. If<br>you cannot do so, you<br>are not eligible to file.           |   | er you file this bankruptcy petition, opy of the certificate and payment   |          |   | er you file this bankruptcy petition, copy of the certificate and payment   |  |  |  |
| If<br>cc<br>ca<br>w<br>pa<br>cr<br>cc | If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your | from an approve obtain those ser made my reques                   | ked for credit counseling services and agency, but was unable to vices during the 7 days after I at, and exigent circumstances amporary waiver of the                            |          | from an approve<br>obtain those se<br>made my reques                  | ked for credit counseling services<br>ed agency, but was unable to<br>rvices during the 7 days after I<br>st, and exigent circumstances<br>emporary waiver of the                   |  |  |  |
|                                       | creditors can begin<br>collection activities<br>again.  | requirement, attac<br>efforts you made t<br>unable to obtain it   | ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were before you filed for bankruptcy, and unstances required you to file this     |          | requirement, atta-<br>efforts you made<br>unable to obtain i          | ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were t before you filed for bankruptcy, and umstances required you to file this      |  |  |  |
|                                       |   |   | e dismissed if the court is dissatisfied for not receiving a briefing before ruptcy.   |          |   | e dismissed if the court is dissatisfied for not receiving a briefing before ruptcy.  |  |  |  |
|                                       |   | receive a briefing<br>must file a certifica<br>with a copy of the | fied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along payment plan you developed, if any. b, your case may be dismissed. |          | receive a briefing<br>must file a certification<br>with a copy of the | sfied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along a payment plan you developed, if any. o, your case may be dismissed. |  |  |  |
|                                       |   |   | he 30-day deadline is granted only mited to a maximum of 15 days.  |          |   | the 30-day deadline is granted only mited to a maximum of 15 days.  |  |  |  |
|                                       |   | I am not required counseling beca                                 | d to receive a briefing about credit use of:   |          | I am not require counseling beca                                      | d to receive a briefing about credit ause of:   |  |  |  |
|                                       |   | Incapacity.   | I have a mental illness or a mental<br>deficiency that makes me<br>incapable of realizing or making<br>rational decisions about finances.  |          | Incapacity.   | I have a mental illness or a mental<br>deficiency that makes me<br>incapable of realizing or making<br>rational decisions about finances.   |  |  |  |
|                                       |   | Disability.   | My physical disability causes me to<br>be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so.     |          | Disability.   | My physical disability causes me to<br>be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so.        |  |  |  |
|                                       |   |   | I am currently on active military duty in a military combat zone.  |          |   | I am currently on active military duty in a military combat zone.   |  |  |  |
|                                       |   | about credit coun   | are not required to receive a briefing seling, you must file a motion for bunseling with the court.  |          | about credit cour   | are not required to receive a briefing seling, you must file a motion for ounseling with the court.   |  |  |  |

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| Debtor 1 Jeffery  | NAC at all a Ni anno a  | Lee  | Case number (if known)  |   |  |  |
|---|---|--|---|---|--|--|
| Part 6: Answer These Que  | Middle Name estions for Reporting I   | Last Name Purposes   |   |   |  |  |
| 16. What kind of debts do you have?   | <ul> <li>16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  No. Go to line 16b.  Yes. Go to line 17.</li> <li>16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  No. Go to line 16c.  Yes. Go to line 17.</li> <li>16c. State the type of debts you owe that are not consumer debts or business debts.</li> </ul> |  |   |   |  |  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | Yes. I am filing unde   | under Chapter 7. Go to line 18.<br>er Chapter 7. Do you estimate<br>paid that funds will be availabl | that after any exempt prope   | erty is excluded and administrative<br>creditors?   |  |  |
| 18. How many creditors do you estimate that you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999   | ☐ 1,000-5<br>☐ 5,001-1<br>☐ 10,001-  | 0,000   | 25,001-50,000<br>50,001-100,000<br>More than 100,000  |  |  |
| 19. How much do you estimate your assets to be worth?   | \$0-\$50,000<br>\$50,001-\$100,00<br>\$100,001-\$500,0<br>\$500,001-\$1 milli   | 0  | 001-\$10 million<br>0,001-\$50 million<br>0,001-\$100 million<br>00,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |  |  |
| 20. How much do you estimate your liabilities to be?  | \$0-\$50,000<br>\$50,001-\$100,00<br>\$100,001-\$500,0<br>\$500,001-\$1 milli   | 0  | 001-\$10 million<br>0,001-\$50 million<br>0,001-\$100 million<br>00,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |  |  |
| Part 7: Sign Below  |   |  |   |   |  |  |
| For you   | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).               |  |   |   |  |  |
|   | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.   |  |   |   |  |  |
|   | /s/ Jeffery Lee Signature of Debtor   | 1  | /s/ Lashanda<br>Signature of De   |   |  |  |
|   | Executed on   | 6/9/2017<br>MM / DD / YYYY   | Executed on   | 6/9/2017<br>MM / DD / YYYY  |  |  |

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| Debtor 1 Jeffery                                 |                            | Lee                      | Case number (if k         | known)  |
|--|----------------------------|--------------------------|---------------------------|---|
| First Name                                       | Middle Name                | Last Name                |                           |   |
| For your attorney, if you are represented by one | eligibility to proceed und | ler Chapter 7, 11, 12, d | or 13 of title 11, United | ave informed the debtor(s) about<br>d States Code, and have explained the<br>lso certify that I have delivered to the |
| If you are not represented by an                 | . ,                        |                          |                           | which § 707(b)(4)(D) applies, certify that I ules filed with the petition is incorrect.                               |
| attorney, you do not need to file this page.     | /s/ Charles Bonini         | , ,                      | Date                      | 6/9/2017  |
|  | Signature of Attorney for  | or Debtor                | M                         | M / DD / YYYY   |
|  |                            |                          |                           |   |
|  |                            |                          |                           |   |
|  | Charles Bonini             |                          |                           |   |
|  | Printed name               |                          |                           |   |
|  | Semrad Law Firm            |                          |                           |   |
|  | Firm name                  |                          |                           |   |
|  | 11101 S. Western Ave       | nue                      |                           |   |
|  | Street                     |                          |                           |   |
|  |                            |                          |                           |   |
|  |                            |                          |                           |   |
|  | Chicago                    |                          | Illinois                  | 60643   |
|  | City                       |                          | State                     | Zip Code  |
|  | Contact phone              |                          |                           |   |
|  | Contact phone              |                          | Email address             | cbonini@semradlaw.com   |
|  | 6302438                    |                          | Illinois                  |   |
|  | Bar number                 |                          | State                     |   |
|  |                            |                          |                           |   |

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| Fill in this information to identify your case: |            |             |                      |  |  |  |  |  |
|---|------------|-------------|----------------------|--|--|--|--|--|
| Debtor 1  | Jeffery    |             | Lee                  |  |  |  |  |  |
|   | First Name | Middle Name | Last Name            |  |  |  |  |  |
| Debtor 2  | Lashanda   |             | Hudson               |  |  |  |  |  |
| (Spouse, if filing)                             | First Name | Middle Name | Last Name            |  |  |  |  |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Illinois |  |  |  |  |  |
|   |            |             | (State)              |  |  |  |  |  |
| Case number<br>(If known)                       |            |             |                      |  |  |  |  |  |

| Check | if t | his   | is | an |
|-------|------|-------|----|----|
| amend | ed   | filir | ng |    |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Part 1: Summarize Your Assets   |   |
|---|---|
|   | <b>Your assets</b><br>Value of what you own |
| . Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$110,000.00                                |
| 1b. Copy line 62, Total personal property, from Schedule A/B  | \$18,750.00                                 |
| 1c. Copy line 63, Total of all property on Schedule A/B   | \$128,750.00                                |
| Part 2: Summarize Your Liabilities  |   |
|   | <b>Your liabilities</b><br>Amount you owe   |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule | \$161,439.00                                |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$0.00                                      |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$85,954.00<br>                             |
| Your total liabili  | \$247,393.00                                |
| Part 3: Summarize Your Income and Expenses  |   |
| I. Schedule I: Your Income (Official Form 106I)   | \$5,052.00<br>                              |
| Copy your combined monthly income from line 12 of Schedule I  |   |

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Debtor 1 Jeffery Lee \_ Case number (if known) Middle Name Last Name First Name Part 4: **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$3,733.67 Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: From Part 4 on Schedule E/F, copy the following: **Total claim** \$0.00 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00 9d. Student loans. (Copy line 6f.) \$0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$0.00

9g. Total. Add lines 9a through 9f.

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| En :                                    |   |  |   |                         |  |                                 |   |  |  |
|---|---|--|---|-------------------------|--|---------------------------------|---|--|--|
| FIII IN THIS                            | intormation to  | o identify your  | case:   |                         |  |                                 |   |  |  |
| Debtor 1                                | Jeffery   |  |   |                         | Lee  | _                               |   |  |  |
|   | First Na  |  | Middle N  | lame                    | Last Name  |                                 |   |  |  |
| Debtor 2<br>(Spouse, if fi              | Lashar<br>First Na  |  | Middle N  | Jame                    | Hudson<br>Last Name  | _                               |   |  |  |
| United St                               |   | cy Court for the                                       |   | vairie                  | District of Illinois   |                                 |   |  |  |
|   | ·   | by Court for title.                                    | Northern  |                         | (State)  | _                               |   |  |  |
| Case num<br>(If known)                  | 1ber  |  |   |                         |  |                                 |   | Chook if this is an  |  |
| Officia                                 | al Form   | 106A/B   |   |                         |  |                                 |   | Check if this is an amended filing                         |  |
| Sche                                    | dule A/   | B: Prop  | erty  |                         |  |                                 |   | 12/1   |  |
| category v<br>responsible<br>write your | where you thi<br>le for supplying<br>name and ca                          | ink it fits best.<br>ng correct info<br>ase number (if | Be as complete a<br>ormation. If more s<br>known). Answer e | nd ac<br>pace<br>very q | asset only once. If an asset fits<br>curate as possible. If two marrie<br>s needed, attach a separate sh<br>uestion.<br>Other Real Estate You Ow | ed people ar<br>leet to this fo | e filing together, both a<br>orm. On the top of any a | re equally   |  |
| 1. Do you                               | ı own or have   | any legal or e   | equitable interest  | in any                  | residence, building, land, or sir  | milar proper                    | ty?   |  |  |
| Ιń                                      | No. Go to Pa  |  |   | •                       | ,  | • •                             | •   |  |  |
|   | Yes Where is  | s the property?  |   |                         |  |                                 |   |  |  |
|   |   | )  |   | Wha                     | t is the property? Check all that a  | annly                           | Do not deduct secured                                 | claims or exemptions. Put                                  |  |
| 1.1                                     |   |  |   |                         | Single-family home   | αρριγ.                          | the amount of any secu                                | red claims on Schedule D:                                  |  |
|   | Street address, if available, or other description 6750 S. Maplewood, Ave |  |   |                         | Duplex or multi-unit building  |                                 | Creditors Who Have Claims Secured by Propert          |  |  |
|   | Number  | Street   |   | ш                       | Condominium or cooperative   |                                 | Current value of the                                  | Current value of the                                       |  |
|   |   |  |   |                         | Manufactured or mobile home  |                                 | entire property?<br>\$110000.00                       | portion you own?<br>\$110000.00                            |  |
|   | Chicago   | Illinois   | 60629   | ш                       | and  |                                 | Ψ110000.00  | Ψ110000.00   |  |
|   | City  | State  | Zip Code  | ш                       | nvestment property   |                                 | Describe the nature o                                 |  |  |
|   | Cook  |  |   | ш                       | imeshare   |                                 | interest (such as fee s<br>the entireties, or a life  |  |  |
|   | County  |  |   |                         | Other  |                                 | — — — — — — — — — — — — — — — — — — —                 | cotatoj, ii kilowii.                                       |  |
|   |   |  |   |                         | has an interest in the property  | ? Check                         | Check if this is co (see instructions)                | mmunity property   |  |
|   |   |  |   | one.                    | Debtor 1 only  |                                 |   |  |  |
|   |   |  |   |                         | ,  |                                 |   |  |  |
|   |   |  |   | ш                       | Debtor 2 only<br>Debtor 1 and Debtor 2 only  |                                 |   |  |  |
|   |   |  |   |                         | •  | . 11                            |   |  |  |
|   |   |  |   |                         | At least one of the debtors and and  |                                 |   |  |  |
|   |   |  |   |                         | er information you wish to add a<br>erty identification  | about this ite                  | em, such as local                                     |  |  |
|   |   |  |   | num                     | ber:   |                                 |   |  |  |
| If you                                  | own or have i   | more than one,   | list here:  |                         |  | i                               | 5   |  |  |
| 1.2                                     |   |  |   |                         | t is the property? Check all that  | apply.                          |   | claims or exemptions. Put red claims on <i>Schedule D:</i> |  |
| 1.2                                     | Street addres   | s, if available, o                                     | r other description   |                         | Single-family home   |                                 |   | ims Secured by Property.                                   |  |
|   |   |  |   | ш                       | Ouplex or multi-unit building  |                                 | Current value of the                                  | Current value of the                                       |  |
|   |   |  |   |                         | Condominium or cooperative Manufactured or mobile home   |                                 | entire property?                                      | portion you own?   |  |
|   |   |  |   |                         |  |                                 |   |  |  |
|   | Number  | Street   |   |                         | and<br>nvestment property  |                                 | Describe the nature o                                 | f your ownership   |  |
|   |   |  |   | ш                       | imeshare   |                                 | interest (such as fee s                               |  |  |
|   | City  | State  | Zip Code  |                         | Other  | <u>-</u>                        | the entireties, or a life                             | e estate), if known.                                       |  |
|   |   |  |   | Ш                       |  |                                 | Check if this is co                                   | mmunity property   |  |
|   |   |  |   |                         | has an interest in the property  | ? Check                         | (see instructions)                                    | ······, p. opo. ()   |  |
|   |   |  |   | one.                    |  |                                 |   |  |  |
|   |   |  |   |                         | Debtor 1 only  |                                 |   |  |  |
|   |   |  |   |                         | Debtor 2 only  |                                 |   |  |  |
|   |   |  |   |                         | Debtor 1 and Debtor 2 only   |                                 |   |  |  |
|   |   |  |   |                         | At least one of the debtors and and  | other                           |   |  |  |
|   |   |  |   |                         | er information you wish to add a<br>erty identification number:  | about this ite                  | em, such as local                                     |  |  |

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| Debtor 1                                | Jeffery  |  | Lee Case numb   | per (if known)  |  |
|---|--|--|---|---|--|
|   | First Name   | Middle Name                                  | Last Name   |   |  |
| 1.3                                     | et address, if available, or o                             |  | What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home | the amount of any secu  | claims or exemptions. Put red claims on <i>Schedule D:</i> ims Secured by Property.  Current value of the portion you own? |
| Nun                                     | nber Street State  | Zip Code                                     | Land Investment property Timeshare Other  | Describe the nature of interest (such as fee s the entireties, or a life            | imple, tenancy by  |
| ,                                       |  | · [<br>]<br>[<br>[<br>]                      | Who has an interest in the property? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another      | Check if this is co<br>(see instructions)   | mmunity property   |
|   |  |  | Other information you wish to add about this iten<br>property identification number:  | n, such as local  |  |
|   | the dollar value of the pove attached for Part 1. W        |  | all of your entries from Part 1, including any entr<br>ere.<br>▶  | ies for pages \$11  | 0000.00  |
| Oo you ow<br>you own the<br>B. Cars, va | hat someone else drives. If uns, trucks, tractors, sport u | r equitable interest<br>you lease a vehicle, | t in any vehicles, whether they are registered or<br>also report it on Schedule G: Executory Contracts an<br>cycles                                     | -   |  |
| 3.1                                     | s<br>Make<br>Model:<br>Year:                               | Chevrolet<br>G20<br>1993                     | Who has an interest in the property? Check one.  Debtor 1 only  | the amount of any secu  | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.   |
|   | Approximate mileage: Other information:                    | 138000                                       | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  | Current value of the entire property? \$1500.00                                     | Current value of the portion you own?<br>\$1500.00   |
| 3.2                                     | Make<br>Model:   | Nissan<br>Altima                             | Check if this is community property (see instructions)  Who has an interest in the property? Check one.   |   | claims or exemptions. Put ured claims on <i>Schedule D:</i>  |
|   | Year: 2015 Approximate mileage: 23000 Other information:   | 2015   | ☐ Debtor 1 only ☐ Debtor 2 only ☑ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another  | Creditors Who Have Classifications Current value of the entire property? \$11000.00 | Current value of the portion you own?  |
|   |  |  | Check if this is community property (see instructions)  |   |  |

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|     | Jeffery  |                              |   | ase number <i>(if known</i> )  |  |   |
|-----|--|------------------------------|---|--|--|---|
|     | First Name   | Middle Name                  | Last Name   |  |  |   |
| 3.3 | Make Model: Year: Approximate mileage: Other information:  | Chevrolet Impala 2008 101000 | Who has an interest in the property one.  ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and and  | the amount of Creditors Who Current valuentire proper \$3350.00  | of any secu<br>o Have Cla<br>ue of the   | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.  Current value of the portion you own? \$3350.00   |
|     |  |                              | Check if this is community proper instructions)   | erty (see  |  |   |
| 3.4 | Make<br>Model:<br>Year:<br>Approximate mileage:  |                              | Who has an interest in the property one.  Debtor 1 only   | the amount of<br>Creditors Wh  | of any secu<br>o Have Cla  | claims or exemptions. Put ared claims on <i>Schedule D:</i> aims <i>Secured by Property.</i>  |
|     | Other information:   |                              | Debtor 2 only  Debtor 1 and Debtor 2 only   | Current valu<br>entire prope   |  | Current value of the portion you own?   |
|     |  |                              | At least one of the debtors and and   | ther   |  |   |
|     |  |                              | Check if this is community proper instructions)   | erty (see  |  |   |
|     | No   |                              |   |  |  |   |
| 4.1 | Yes<br>Make  |                              | Who has an interest in the property   |  |  | claims or exemptions. Put   |
| 4.1 | Make<br>Model:<br>Year:  |                              | one.  Debtor 1 only   | the amount o   | of any secu  | · · · · · · · · · · · · · · · · · · ·   |
| 4.1 | Make<br>Model:   |                              | one.  | the amount of<br>Creditors Wh<br>Current valuentire prope  | of any secu<br>o Have Cla<br>ue of the   | ıred claims on <i>Schedule D:</i>   |
| 4.1 | Make<br>Model:<br>Year:<br>Approximate mileage:  |                              | one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only  | the amount of Creditors Wh  Current valuentire properther  | of any secu<br>o Have Cla<br>ue of the   | red claims on Schedule D:<br>aims Secured by Property.  Current value of the  |
|     | Make Model: Year: Approximate mileage: Other information:  Make Model: Year:   |                              | one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and and instructions)  Who has an interest in the property one. Debtor 1 only  | the amount of Creditors Wh  Current valuentire properther  orty (see  Check Do not deduct the amount of the company of the com | of any secured of the erty?  | red claims on Schedule D: aims Secured by Property.  Current value of the portion you own?  claims or exemptions. Put   |
|     | Make Model: Year: Approximate mileage: Other information:  Make Model:   |                              | one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and and instructions)  Who has an interest in the property one.  | the amount of Creditors Wh  Current valuentire properther  orty (see  Check Do not deduct the amount of the company of the com | of any secured the erty?  cot secured of any secured of any secured of the erty? | claims or Schedule D:  ims Secured by Property.  Current value of the portion you own?  claims or exemptions. Put ured claims on Schedule D:  |
|     | Make Model: Year: Approximate mileage: Other information:  Make Model: Year: Approximate mileage:                    |                              | one.  Debtor 1 only Debtor 2 only At least one of the debtors and and instructions)  Who has an interest in the property one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and and one. Check if this is community property one. Check if this is community property one. Check if this is community property one. | the amount of Creditors Wh  Current valuentire properties  ther  Check  Do not deduthe amount of Creditors Wh  Current valuentire properties  ther   | of any secured the erty?  cot secured of any secured of any secured of the erty? | claims or exemptions. Put lared claims on Schedule D: nims Secured by Property.  Current value of the portion you own?  claims or exemptions. Put lared claims on Schedule D: nims Secured by Property.  Current value of the |
| 4.2 | Make Model: Year: Approximate mileage: Other information:  Make Model: Year: Approximate mileage: Other information: | notion you own for all       | one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and and instructions)  Who has an interest in the property one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and and   | the amount of Creditors Wh  Current valuentire properties  ther  Check Do not deduct the amount of Creditors Wh  Current valuentire properties  ther  crty (see  | of any secured the erty?  cot secured of any secured of any secured of the erty? | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.  Current value of the portion you own?  claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.  Current value of the   |

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| Debtor         | 1 Jeffery                          |   | Lee                             | Case number (if known)           |  |
|----------------|------------------------------------|---|---------------------------------|----------------------------------|--|
| D 10           | First Name                         | Middle Name   | Last Name                       |                                  |  |
| Part 3:        |                                    | our Personal and Household ve any legal or equitable inter  |                                 | g items?                         | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| Exam           |                                    | and furnishings<br>bliances, furniture, linens, china, kitch                                      | enware                          |                                  |  |
| No<br>✓ Yes.   | Describe                           | Living Room Set, Dining Room Set,   | , Couch, Bed                    |                                  | \$250.00   |
| Exam<br>No     | ctronics ples: Television Describe | ns and radios; audio, video, stereo, an   | nd digital equipment; comput    | ers, printers, scanners; music   | ·<br>  -   |
|                |                                    | lue<br>and figurines; paintings, prints, or ot<br>oin, or baseball card collections; othe         |                                 | =                                |  |
|                | Describe                           |   |                                 |                                  |  |
| -              | ples: Sports, p                    | orts and hobbies<br>hotographic, exercise, and other hob<br>ks; carpentry tools; musical instrume |                                 | tables, golf clubs, skis; canoes |  |
| ✓ No<br>Yes.   | Describe                           |   |                                 |                                  |  |
|                | <b>rearms</b><br>ples: Pistols, ri | fles, shotguns, ammunition, and rela  | ted equipment                   |                                  |  |
| <b>✓</b> No    |                                    |   |                                 |                                  |  |
| Yes.           | Describe                           |   |                                 |                                  |  |
|                |                                    | clothes, furs, leather coats, designer  | wear, shoes, accessories        |                                  |  |
| No Yes         | Describe                           | Used Clothing   |                                 |                                  | 1  |
| 7 100.         | - D0001100                         | Osed Glothing   |                                 |                                  | \$650.00   |
| 12. Je<br>Exam | -                                  | jewelry, costume jewelry, engagemer<br>er   | nt rings, wedding rings, heirlo | om jewelry, watches, gems,       |  |
|                | Describe                           | Costume Jewelry   |                                 |                                  | \$150.00   |
|                | on-farm anima<br>oples: Dogs, ca   | Is<br>ts, birds, horses   |                                 |                                  |  |
| ✓ No<br>Yes    | Describe                           |   |                                 |                                  |  |
|                |                                    |   |                                 |                                  |  |
|                | ny other perso                     | nal and household items you did n   | ot already list, including an   | ny health aids you did not list  |  |
| ✓ No<br>Yes.   | Describe                           |   |                                 |                                  |  |
| _              |                                    |   |                                 |                                  |  |
|                |                                    | alue of all of your entries from Par<br>it number here  |                                 |                                  | \$2250.00  |

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| Debto          | r 1 Jeffery<br>First Name                       | Middle Name  | Lee<br>Last Name             | Case number (if known)  |   |
|----------------|---|--|------------------------------|---|---|
| Part 4:        |   |  | Last Ivalle                  |   |   |
|                |   | y legal or equitable interest                                  | in any of the follow         | ing?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. <b>C</b> : | amples: Money you ha                            | ve in your wallet, in your home, in                            |                              | on hand when you file your petition                                   | \$250.00  |
|                | Deposits of money Examples: Checking, sa        |  | ; certificates of deposit; s | Cash:shares in credit unions, brokerage houses, stitution, list each. |   |
| İ              | <b>✓</b> Yes                                    |  | Institution name:            |   |   |
|                |   | 17.1. Checking account:  | US Bank                      |   | \$400.00  |
|                |   | 17.2. Checking account:  |                              |   |   |
|                |   | 17.3. Savings account:   |                              |   |   |
|                |   | 17.4. Savings account:   |                              |   |   |
|                |   | 17.5. Certificates of deposit:                                 |                              |   |   |
|                |   | 17.6. Other financial account:                                 |                              |   | · <del></del>   |
|                |   | 17.7. Other financial account:                                 |                              |   |   |
|                |   | 17.8. Other financial account:                                 |                              |   |   |
|                |   | 17.9. Other financial account:                                 |                              |   |   |
|                |   | or publicly traded stocks<br>, investment accounts with broker | rage firms, money marke      | t accounts  |   |
|                | ✓ No  Yes                                       | Institution or issuer name:                                    |                              |   |   |
|                |   |  |                              |   |   |
|                |   | _  |                              |   |   |
|                | Non-publicly traded s<br>an LLC, partnership, a | -  | ted and unincorporate        | d businesses, including an interest in                                |   |
|                | ✓ No  | •  |                              |   |   |
|                | Yes. Give specific                              | Name of entity   |                              | % of ownership:   |   |
|                | information about them                          |  |                              |   |   |
|                |   |  |                              |   |   |
|                |   |  |                              |   |   |

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| Debt        | tor 1 Jeffery                             |   | Lee                           | Case number (if known)                      |     |
|-------------|---|---|-------------------------------|---|-----|
|             | First Name                                | Middle Name   | Last Name                     |   |     |
| 20.         | Negotiable instruments                    | orate bonds and other negotial include personal checks, cashiers' ents are those you cannot transfe | checks, promissory no         | tes, and money orders.                      |     |
|             | Yes. Give specific information about them | Issuer name:  |                               |   |     |
|             |   |   |                               |   |     |
| 21          | Retirement or pension                     | accounts  |                               |   |     |
|             | Examples: Interests in I                  |   | , thrift savings accounts     | s, or other pension or profit-sharing plans |     |
|             | ✓ No  Yes. List each                      | Type of account:  | Institution name:             |   |     |
|             | account separately.                       | 401(k) or similar plan:   |                               |   |     |
|             |   | Pension plan:   |                               |   |     |
|             |   | IRA:  |                               |   |     |
|             |   | Retirement account:   |                               |   |     |
|             |   | Keogh:  |                               |   | . = |
|             |   | Additional account: Additional account:   |                               |   |     |
| 22          | Security deposits and                     |   | _                             |   |     |
| <i>LL</i> . | Your share of all unused                  | d deposits you have made so that<br>with landlords, prepaid rent, public                            | c utilities (electric, gas, w |   |     |
|             | ✓ No  Yes                                 |   | Institution name:             |   |     |
|             | 165                                       | Electric:   |                               |   |     |
|             |   | Gas:  |                               |   |     |
|             |   | Heating oil:  Security deposit on rental unit:  |                               |   |     |
|             |   | Prepaid rent:   |                               |   |     |
|             |   | Telephone:  |                               |   |     |
|             |   | Water:  |                               |   |     |
|             |   | Rented furniture:   |                               |   |     |
|             |   | Other:  |                               |   |     |
| 23.         | Annuities (A contract fo                  | or a periodic payment of money to   | you, either for life or fo    | r a number of years)                        |     |
|             | ✓ No  Yes                                 | Issuer name and description:  |                               |   |     |
|             |   |   |                               |   |     |
|             |   |   |                               |   |     |
|             |   |   |                               |   |     |

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| Debt | tor 1 Jettery  | Lee Case number  | r (if known)   |  |
|------|--|--|--|--|
| 24.  |  | Middle Name Last Name  an education IRA, in an account in a qualified ABLE program, or under a qualified st  | ate tuition program.   |  |
|      |  | 530(b)(1), 529A(b), and 529(b)(1).   |  |  |
|      | ✓ No  Yes  | Institution name and description. Separately file the records of any interests.11 U.S.C. § 5   | 21(c):   |  |
|      |  |  | _  | _  |
|      |  |  |  |  |
| 25.  |  | table or future interests in property (other than anything listed in line 1), and rights of for your benefit   | or powers  |  |
|      | <b>✓</b> No  |  |  |  |
|      | Yes. Desc  | cribe  |  |  |
| 26.  | Patents, cop   |  |  |  |
|      |  | ternet domain names, websites, proceeds from royalties and licensing agreements  |  |  |
|      | ✓ No<br>Yes. Desc  | cribe  |  |  |
|      |  |  |  |  |
| 27.  | •  | anchises, and other general intangibles uilding permits, exclusive licenses, cooperative association holdings, liquor licenses, professi   | onal licenses  |  |
|      | No No  | anding permits, excitative accrises, ecoperative association motings, liquol accrises, profession  | orrai licoriscs  |  |
|      | Yes. Desc  | cribe  |  |  |
|      |  |  |  |  |
|      |  |  |  |  |
| Mor  | ney or prope   | erty owed to you?  |  | Current value of the portion you own? Do not deduct secured claims or exemptions.                              |
|      | ney or prope   |  |  | portion you own? Do not deduct secured   |
|      | Tax refunds o  | owed to you  | Federal:   | portion you own? Do not deduct secured claims or exemptions.   |
|      | Tax refunds of  ✓ No  Yes. Give about  | specific information ut them, including whether  | Federal:<br>State:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00   |
|      | Tax refunds or  No Yes. Give about   | specific information ut them, including whether already filed the returns the tax years  | State:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00   |
| 28.  | Tax refunds or  No Yes. Give about your and for the support of the | specific information ut them, including whether already filed the returns the tax years  | State:<br>Local:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                           |
| 28.  | Tax refunds or  No Yes. Give: about your and:  Family support Examples: Pass   | specific information ut them, including whether already filed the returns the tax years  | State:<br>Local:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                           |
| 28.  | Tax refunds or  ✓ No  Yes. Give about your and of  Family support Examples: Pass   | specific information ut them, including whether already filed the returns the tax years  ort st due or lump sum alimony, spousal support, child support, maintenance, divorce settleme | State:<br>Local:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                           |
| 28.  | Tax refunds or  ✓ No  Yes. Give about your and of  Family support Examples: Pass   | specific information ut them, including whether already filed the returns the tax years  | State:<br>Local:<br>nt, property settlement  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                           |
| 28.  | Tax refunds or  ✓ No  Yes. Give about your and of  Family support Examples: Pass   | specific information ut them, including whether already filed the returns the tax years  | State:<br>Local:<br>nt, property settlement<br>Alimony:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                           |
| 28.  | Tax refunds or  ✓ No  Yes. Give about your and of  Family support Examples: Pass   | specific information ut them, including whether already filed the returns the tax years  | State:  Local:  nt, property settlement  Alimony:  Maintenance:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  \$0.00                   |
| 29.  | Tax refunds of  ✓ No  Yes. Give about your and   | specific information ut them, including whether already filed the returns the tax years  | State:  Local:  nt, property settlement  Alimony:  Maintenance:  Support:                                      | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00        |
| 29.  | Tax refunds or  ✓ No  Yes. Give: about you a and a  Family support Examples: Past ✓ No  Yes. Give:  Other amount Examples: Unp   | specific information ut them, including whether already filed the returns the tax years  | State: Local: Int, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29.  | Tax refunds or  ✓ No  Yes. Give: about you a and a  Family support Examples: Past ✓ No  Yes. Give:  Other amount Examples: Unp   | specific information ut them, including whether already filed the returns the tax years  | State: Local: Int, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29.  | Tax refunds or  No Yes. Give about your and a service of the servi | specific information ut them, including whether already filed the returns the tax years  | State: Local: Int, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |

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| Deb  | tor 1 Jeffery  |                           | Lee   | Case number (if known)                         |   |
|------|--|---------------------------|---|--|---|
|      | First Name   | Middle Name               | Last Name   |  |   |
| 31.  | Interests in insurance Examples: Health, disabi          |                           | alth savings account (HSA); credit, l                               | nomeowner's, or renter's insurance             |   |
|      | Yes. Name the insur<br>of each policy and li             |                           | Company name:   | Beneficiary:                                   | Surrender or refund value:                                  |
| 32.  |  | of a living trust, expect | someone who has died<br>proceeds from a life insurance police       | cy, or are currently entitled to receive       |   |
| 33.  | Claims against third pa                                  |                           | you have filed a lawsuit or made<br>urance claims, or rights to sue | a demand for payment                           |   |
| 34.  | Other contingent and to set off claims  No Yes. Describe | unliquidated claims o     | f every nature, including counter                                   | claims of the debtor and rights                |   |
| 35.  | Any financial assets your No Yes. Describe               | ou did not already list   |   |  |   |
| 36.  |  | -                         | m Part 4, including any entries f                                   |  | \$650.00  |
| Part |  |                           |   | nterest In. List any real estate in Par        | t 1.  |
| 37.  | -  | ny legal or equitable in  | terest in any business-related p                                    |  | Current value of the  |
|      | No. Go to Part 6. Yes. Go to line 38.                    |                           |   | <b>F</b>                                       | portion you own? Do not deduct secured claims or exemptions |
| 38.  | Accounts receivable o                                    | or commissions you al     | eady earned   |  |   |
|      | No Yes. Describe   |                           |   |  |   |
| 39.  | Office equipment, furn<br>Examples: Business-rela        |                           | e, modems, printers, copiers, fax m                                 | achines, rugs, telephones, desks, chairs, elec | tronic devices  |
|      | No Yes. Describe   |                           |   |  |   |
|      |  |                           |   |  |   |

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| Deb      | tor 1 Jeffery  |                                     |                                     | mber (if known)     |                                    |          |
|----------|--|-------------------------------------|-------------------------------------|---------------------|------------------------------------|----------|
| ı        | First Name   |                                     | ast Name                            |                     |                                    | _        |
| 40.      | Machinery, fixtures, equipment,  | supplies you use in business        | , and tools of your trade           |                     |                                    |          |
|          | <b>✓</b> No  |                                     |                                     |                     |                                    |          |
|          | Yes. Describe  |                                     |                                     |                     |                                    |          |
|          |  |                                     |                                     |                     |                                    |          |
|          | <del></del> -  |                                     |                                     |                     |                                    |          |
| 41.      | Inventory  |                                     |                                     |                     |                                    |          |
|          | <b>✓</b> No  |                                     |                                     |                     |                                    |          |
|          | Yes. Describe  |                                     |                                     |                     |                                    |          |
|          |  |                                     |                                     |                     |                                    |          |
| 40       |  |                                     |                                     |                     |                                    |          |
| 42.      | Interests in partnerships or join  | t ventures                          |                                     |                     |                                    |          |
|          | <b>✓</b> No  | Name of entity:                     |                                     | % of ownership:     |                                    |          |
|          | Yes. Give specific   | Name of entity.                     |                                     | 70 Of Ownership.    |                                    |          |
|          | information about them   |                                     |                                     |                     |                                    |          |
|          | uieiii   |                                     |                                     |                     |                                    |          |
|          |  |                                     |                                     |                     |                                    |          |
| 40       | O  |                                     |                                     |                     |                                    |          |
| 43. (    | Customer lists, mailing lists, or o  | tner compliations                   |                                     |                     |                                    |          |
|          | ✓ No   |                                     |                                     |                     |                                    |          |
|          | Yes. Do your lists include pers  | conally identifiable information (a | as defined in 11 U.S.C. § 101(41A)) | ?                   |                                    |          |
|          | ☐ No   |                                     |                                     |                     |                                    |          |
|          | Yes. Describe  |                                     |                                     |                     |                                    |          |
|          | Tes. Describe  |                                     |                                     |                     |                                    |          |
| 44.      | Any business-related property y  | ou did not already list             |                                     |                     |                                    |          |
|          | <b>√</b> No  |                                     |                                     |                     |                                    |          |
|          |  |                                     |                                     |                     |                                    |          |
|          | Yes. Give specific information   |                                     |                                     |                     |                                    |          |
|          |  |                                     |                                     |                     |                                    |          |
|          |  |                                     |                                     |                     | <u> </u>                           |          |
|          |  |                                     |                                     |                     |                                    |          |
|          |  |                                     |                                     |                     |                                    |          |
|          |  | -                                   |                                     |                     |                                    |          |
|          |  |                                     |                                     |                     |                                    |          |
|          |  |                                     |                                     |                     |                                    |          |
|          | dd the dollar value of all of your of all of your of all of your of all of your of all of the all o |                                     | any entries for pages you have a    | ttached             |                                    |          |
| <b>•</b> | art 5. Write that number here  |                                     |                                     |                     |                                    |          |
| Part     |  |                                     | ated Property You Own or Ha         | ave an Interest In. |                                    |          |
|          | If you own or have an interest in  | farmland, list it in Part 1.        |                                     |                     |                                    |          |
| 46.      | Do you own or have any legal of  | r equitable interest in any far     | m- or commercial fishing-related    | property?           |                                    |          |
|          | No. Go to Part 7.  |                                     |                                     |                     | Current value of the               |          |
|          | Yes. Go to line 47.  |                                     |                                     |                     | portion you own?                   | م مدامات |
|          | res. do to line 47.  |                                     |                                     |                     | Do not deduct secure or exemptions | a ciaims |
| 47.      | Farm animals   |                                     |                                     |                     |                                    |          |
|          | Examples: Livestock, poultry, farm   | -raised fish                        |                                     |                     |                                    |          |
|          | <b>√</b> No  |                                     |                                     |                     |                                    |          |
|          | Yes. Describe  |                                     |                                     |                     |                                    |          |
|          | L 1351 25551551  |                                     |                                     |                     |                                    |          |
|          |  |                                     |                                     |                     |                                    |          |

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| Debt         |  | _ee                    | Case number (if known)       |               |
|--------------|--|------------------------|------------------------------|---------------|
|              | First Name Middle Name L   | ast Name               |                              |               |
| 48.          | Crops-either growing or harvested  |                        |                              |               |
|              | <b>I</b> ✓ No  |                        |                              |               |
|              | Yes. Describe  |                        |                              |               |
|              | Tee: December  |                        |                              |               |
|              |  |                        |                              |               |
| 49.          | Farm and fishing equipment, implements, machinery, fixture   | es, and tools of trade |                              |               |
|              | No No  |                        |                              |               |
|              |  |                        |                              |               |
|              | Yes. Describe  |                        |                              |               |
|              |  |                        |                              |               |
| 50.          | Farm and fishing supplies, chemicals, and feed   |                        |                              |               |
|              | No.  |                        |                              |               |
|              | No No Provide  |                        |                              |               |
|              | Yes. Describe  |                        |                              |               |
|              |  |                        |                              |               |
| 51.          | Any farm- and commercial fishing-related property you did  | not already list       |                              |               |
|              | No.  | -                      |                              |               |
|              | ✓ No   |                        |                              |               |
|              | Yes. Describe  |                        |                              |               |
|              |  |                        |                              |               |
|              |  |                        | Γ.                           |               |
|              | dd the dollar value of all of your entries from Part 6, including  |                        |                              |               |
| • ·          | it o. write that number here   |                        |                              |               |
|              |  |                        |                              |               |
|              |  |                        |                              |               |
| Part 1       | 7: Describe All Property You Own or Have an Intere   | set in That You Did N  | ot List Above                |               |
|              |  |                        | 0t 210t /100V0               |               |
| 55.          | Do you have other property of any kind you did not already li<br>Examples: Season tickets, country club membership | istr                   |                              |               |
|              |  |                        |                              |               |
|              |  |                        |                              |               |
|              | Yes. Give specific information   |                        |                              |               |
|              |  |                        |                              |               |
|              |  |                        |                              |               |
|              |  |                        |                              |               |
| 54. A        | dd the dollar value of all of your entries from Part 7. Write tha  | at number here         |                              | <u> </u>      |
|              |  |                        |                              |               |
|              |  |                        |                              |               |
|              |  |                        |                              |               |
|              |  |                        |                              |               |
|              | List the Tatala of Early David of this Farms   |                        |                              |               |
| Part         | 8: List the Totals of Each Part of this Form   |                        |                              | <del>-,</del> |
| 55 <b>F</b>  | Part 1: Total real estate, line 2  |                        | •                            | \$110000.00   |
|              | uit 11 10tu 10tu 00tuto, 1110 2  |                        |                              |               |
| 56. <b>r</b> | part 2 total vehicles, line 5  | ¢15050.00              |                              |               |
| -            |  | \$15850.00             |                              |               |
| 57. <b>P</b> | Part 3: Total personal and household items, line 15  | \$2250.00              |                              |               |
| 58. <b>P</b> | Part 4: Total financial assets, line 36  | \$650.00               |                              |               |
| 59 1         | Part 5: Total business-related property, line 45   | 4000.00                |                              |               |
| 00.1         | art of Total Business related property, fine 40  |                        |                              |               |
| 60. <b>F</b> | Part 6: Total farm- and fishing-related property, line 52  |                        |                              |               |
| 61. <b>F</b> | Part 7: Total other property not listed, line 54   |                        |                              |               |
| 62 7         | Total personal property. Add lines 56 through 61   |                        |                              |               |
| UZ. I        | Total porsonal property. And mies so milough of  | \$18750.00             | Copy personal property total | + \$18750.00  |
|              |  |                        | Copy personal property total |               |
|              |  |                        |                              | \$128750.00   |
| 63. <b>T</b> | otal of all property on Schedule A/B. Add line 55 + line 62  |                        |                              |               |

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| Debtor 1 | Jeffery      |              | Lee        | Case number (if known) |  |
|----------|--------------|--------------|------------|------------------------|--|
|          | Civat Name a | Middle Noses | Look Money |                        |  |

### Schedule A/B: Property. Additional page

| Part 3: Describe Your Personal and Household Items |   |  |  |  |  |
|--|---|--|--|--|--|
| Do you own or ha                                   | ve any legal or equitable interest in any of the following items? | Current value of the portion you own?  Do not deduct secured claims or exemptions. |  |  |  |
| 6.2. Household good                                | ds and furnishings  |  |  |  |  |
| No ✓ Yes. Describe                                 | Sofa Set  | \$1200.00  |  |  |  |
|  |   | Ψ1200.00   |  |  |  |

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| Fill in this information to identify your case: |            |             |                      |  |  |  |
|---|------------|-------------|----------------------|--|--|--|
| Debtor 1  | Jeffery    |             | Lee                  |  |  |  |
|   | First Name | Middle Name | Last Name            |  |  |  |
| Debtor 2  | Lashanda   |             | Hudson               |  |  |  |
| (Spouse, if filing)                             | First Name | Middle Name | Last Name            |  |  |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Illinois |  |  |  |
|   |            |             | (State)              |  |  |  |
| Case number (If known)                          |            |             |                      |  |  |  |

### Official Form 106C

### Check if this is an amended filing

### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | Part 1: Identify the Property You Claim as Exempt  |  |   |                                    |  |  |  |  |
|----|--|--|---|------------------------------------|--|--|--|--|
| 1. | . Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you. |  |   |                                    |  |  |  |  |
|    | You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)                   |  |   |                                    |  |  |  |  |
|    | You are claiming federal exemption   | ns. 11 U.S.C. § 522(b)(2   | 2)  |                                    |  |  |  |  |
| 2. | For any property you list on Schedule A  | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. |   |                                    |  |  |  |  |
|    | Brief description of the property and line on Schedule A/B that lists this property                  | Current value of<br>the portion you<br>own   | Amount of the exemption you claim  Check only one box for each exemption.                           | Specific laws that allow exemption |  |  |  |  |
|    |  | Schedule A/B   |   |                                    |  |  |  |  |
|    | Brief<br>description:<br>6750 S. Maplewood, Ave<br>, Chicago, IL 60629                               | \$110,000.00   | \$0  100% of fair market value, up to any applicable statutory limit                                | 735 ILCS 5/12-901                  |  |  |  |  |
|    | Line from Schedule A/B: 01   |  | applicable statutory in the   |                                    |  |  |  |  |
|    | Brief description: Checking account, US Bank Line from Schedule A/B: 17                              | \$400.00   | \$400.00  100% of fair market value, up to any applicable statutory limit                           | 735 ILCS 5/12-1001(b)              |  |  |  |  |
| 3. | ✓ No   | ery 3 years after that for a   | 375? cases filed on or after the date of adjustment.) rithin 1,215 days before you filed this case? |                                    |  |  |  |  |

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| Brief description of the property and line on Schedule A/B that lists this property | Current value of<br>the portion you<br>own | Amount of the exemption you claim  Check only one box for each exemption. | Specific laws that allow exemption              |
|---|--|---|---|
|   | Copy the value from<br>Schedule A/B        |   |   |
| Brief description:  Used Clothing   | \$650.00                                   | \$650.00  | 735 ILCS 5/12-1001(a)                           |
| Line from Schedule A/B: 11  |  | 100% of fair market value, up to any applicable statutory limit           |   |
| Brief description:  | \$250.00                                   | \$250.00  | 735 ILCS 5/12-1001(b)                           |
| Living Room Set, Dining Room Set, Couch, Bed  Line from Schedule A/B: 06            |  | 100% of fair market value, up to any applicable statutory limit           | _   |
| Brief description:  | \$150.00                                   | Ø450.00   | 735 ILCS 5/12-1001(b)                           |
| Costume Jewelry Line from Schedule A/B: 12  |  | \$150.00  100% of fair market value, up to any applicable statutory limit | _   |
| Brief description:  | \$250.00                                   | \$250.00  | 735 ILCS 5/12-1001(b)                           |
| Cash on Hand Line from Schedule A/B: 16   |  | 100% of fair market value, up to any applicable statutory limit           | _   |
| Brief description: Chevrolet G20, 1993 Line from                                    | \$1,500.00                                 | \$1,500.00; \$0.00<br>100% of fair market value, up to any                | 735 ILCS 5/12-1001(c); 735 ILCS<br>5/12-1001(b) |
| Schedule A/B: 03  Brief description:  | \$11,000.00                                | applicable statutory limit  | 735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b)    |
| Nissan Altima, 2015 Line from Schedule A/B: 03                                      |  | \$0 100% of fair market value, up to any applicable statutory limit       | _   |
| Brief description:  | \$3,350.00                                 | \$0   | 735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b)    |
| Chevrolet Impala, 2008 Line from Schedule A/B: 03                                   |  | 100% of fair market value, up to any applicable statutory limit           | _   |
| Brief description: Sofa Set   | \$1,200.00                                 | \$1,200.00  | 735 ILCS 5/12-1001(b)                           |
| Line from Schedule A/B: 06  |  | 100% of fair market value, up to any applicable statutory limit           |   |

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| Fill in  | this information to identify your ca                           | se:   |  |                          |                    |
|----------|--|---|--|--------------------------|--------------------|
| Debto    | or 1 Jeffery   | Lee   |  |                          |                    |
|          | First Name   | Middle Name Last Name   |  |                          |                    |
| Debto    | 14.00  | Hudson  |  |                          |                    |
| (Spous   | e, if filing) First Name                                       | Middle Name Last Name   |  |                          |                    |
| United   | d States Bankruptcy Court for the:                             | Northern District of Illinois                                     |  |                          |                    |
| Case     | number   | (State)   |  |                          |                    |
| (If know |  |   |  |                          |                    |
| Off      | icial Form 106D  |   | 1                                      |                          | Check if this is a |
|          | _  |   |  |                          | mended filing      |
| Scl      | nedule D: Credito  | ors Who Have Claims Secure  | ed by Prop                             | erty                     | 12/1               |
|          |  | le. If two married people are filing together, both are equ       |  |                          |                    |
|          | space is needed, copy the Addition and case number (if known). | onal Page, fill it out, number the entries, and attach it to t    | his form. On the top                   | of any additional pag    | es, write your     |
|          | Do any creditors have claims se                                | soured by your proporty?  |  |                          |                    |
| 1. I     | •  |   | a nothing also to ran                  | ort on this form         |                    |
| Ļ        |  | nit this form to the court with your other schedules. You hav     | e nouning else to rep                  | Ort Ort trils form.      |                    |
|          | Yes. Fill in all of the information                            | 1 Delow.  |  |                          |                    |
| Part '   | 1: List All Secured Claims                                     |   |  |                          |                    |
| 2.       |  | tor has more than one secured claim, list the creditor            | Column A                               | Column B                 | Column C           |
|          |  | nan one creditor has a particular claim, list the other creditors | Amount of claim                        | Value of                 | Unsecured          |
|          | name.  | the claims in alphabetical order according to the creditor's      | Do not deduct the value of collateral. | collateral that supports | portion<br>If any  |
|          |  |   | value of collateral.                   | this claim               | ii airy            |
| 2.1      | WFHM   | Describe the property that secures the claim:                     | \$140,418.00                           | \$110,000.00             | \$30,418.00        |
|          | Creditor's Name  1 HOME CAMPUS # X230203M                      | 360 Mortgage  |  |                          |                    |
|          | Number Street  | As of the date you file, the claim is: Check all that apply.      |  |                          |                    |
|          |  | Contingent  |  |                          |                    |
|          | DES MOINES IA 50328  | Unliquidated  |  |                          |                    |
|          | City State ZIP Code  | Disputed  |  |                          |                    |
|          | Who owes the debt? Check one.  Debtor 1 only                   | Nature of lien. Check all that apply.                             |  |                          |                    |
|          | Debtor 2 only  | An agreement you made (such as mortgage or secured                |  |                          |                    |
|          | Debtor 1 and Debtor 2 only                                     | car loan)   |  |                          |                    |
|          | At least one of the debtors                                    | Statutory lien (such as tax lien, mechanic's lien)                |  |                          |                    |
|          | and another  | Judgment lien from a lawsuit                                      |  |                          |                    |
|          | Check if this claim relates                                    | Other (including a right to offset)                               |  |                          |                    |
|          | to a community debt  Date debt was 5/2010                      | Last 4 digits of account number 4067                              |  |                          |                    |
|          | incurred   | Last 4 digits of account number4067                               |  |                          |                    |
| 2.2      | Honor Finance  | Describe the property that secures the claim:                     | \$6,021.00                             | \$3,350.00               | \$2,671.00         |
|          | Creditor's Name<br>1731 CENTRAL ST                             | 036 Automobile  |  |                          |                    |
|          | Number Street  | As of the date you file, the claim is: Check all that apply.      |  |                          |                    |
|          |  | Contingent  |  |                          |                    |
|          | EVANSTON IL 60201  | Unliquidated  |  |                          |                    |
|          | City State ZIP Code  Who owes the debt? Check one.             | Disputed  |  |                          |                    |
|          | Debtor 1 only  | Nature of lien. Check all that apply.                             |  |                          |                    |
|          | Debtor 2 only  | An agreement you made (such as mortgage or secured                |  |                          |                    |
|          | Debtor 1 and Debtor 2 only                                     | car loan)   |  |                          |                    |
|          | At least one of the debtors                                    | Statutory lien (such as tax lien, mechanic's lien)                |  |                          |                    |
|          | and another  | Judgment lien from a lawsuit                                      |  |                          |                    |
|          | Check if this claim relates to a community debt                | Other (including a right to offset)                               |  |                          |                    |
|          | Date debt was 7/2016   | Last 4 digits of account number 1901                              |  |                          |                    |
|          | incurred   |   | 1 .                                    |                          |                    |
|          | Add the dollar value of v                                      | our entries in Column A on this page. Write that number           | \$146 439 00                           |                          |                    |

here:

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| Debto | r 1 Jeffery  |  | Lee   | Case n      | umber (if known)   |  |                                   |
|-------|--|--|---|-------------|--|--|-----------------------------------|
| Par   | Additional Page  After listing any entries o 2.4, and so forth.  | Middle Name<br>n this page, number th  | Last Name nem beginning with 2.3, foll  | owed by     | Column A  Amount of claim Do not deduct the value of collateral. | Column B  Value of collateral that supports this claim | Column C Unsecured portion If any |
|       | Progressive Leasing Creditor's Name 10619 South Jordan Gateway # 100  Number Street  South Jordan UT 84095 City State ZIP Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred | Sofa Set   Value: \$1  As of the date you Contingent Unliquidated Disputed Nature of lien. Che An agreement y car loan) Statutory lien (s  | eck all that apply.  you made (such as mortgage such as tax lien, mechanic's lifter from a lawsuit g a right to offset) | that apply. |  | \$1,200.00   | \$0.00                            |
|       | EXETER FINANCE Creditor's Name  123 Main Street  Number Street  Atlanta GA 30312 City State ZIP Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only  At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred  | Nissan Altima   Valuas As of the date you Contingent Unliquidated Disputed Nature of lien. Character loan) Statutory lien (statutory lien) | eck all that apply.  you made (such as mortgage such as tax lien, mechanic's li from a lawsuit g a right to offset)     | that apply. |  | \$11,000.00  | <u>\$4,000.00</u>                 |
|       | here:  | f your form, add the do  | n A on this page. Write that<br>ollar value totals from all pa  |             | \$15,000.00<br>\$161,439.00                                      |  |                                   |

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| Fill in t                   | this inforn                                       | nation to identify your c  | ase:   |   |   |  |
|-----------------------------|---|--|--|---|---|--|
| Debtoi                      | r 1   | Jeffery<br>First Name  | Middle Name  | Lee<br>Last Name  | _   |  |
| Debtoi<br>(Spouse           | r 2<br>e, if filing)                              | Lashanda<br>First Name   | Middle Name  | Hudson<br>Last Name   | _   |  |
|                             | l States Ba                                       | ankruptcy Court for the:   | Northern   | District of Illinois (State)  | _   |  |
| (If know                    |   |  |  |   | _   |  |
| Offic                       | cial Fo   | orm 106E/F   |  |   |   | Check if this is an amended filing   |
| Scł                         | nedu  | le E/F: Cre  | ditors Who   | Have Unsecu   | red Claims  | 12/15  |
| other p<br>Form 1<br>claims | oarty to a<br>06A/B) a<br>that are<br>tries in th | ny executory contracts<br>nd on Schedule G: Exe<br>listed in Schedule D: C | s or unexpired leases tha<br>cutory Contracts and Un<br>Creditors Who Hold Claim | it could result in a claim. Also<br>expired Leases (Official Form<br>is Secured by Property. If mor | o list executory contracts<br>i 106G). Do not include an<br>e space is needed, copy t | NONPRIORITY claims. List the on Schedule A/B: Property (Official y creditors with partially secured he Part you need, fill it out, number rite your name and case number (if |
| Part 1                      | List A  | All of Your PRIORIT  | Y Unsecured Claims   |   |   |  |
| _                           |   | editors have priority un<br>io to Part 2.                                  | secured claims against   | you?  |   |  |
| lis                         | sted, iden  |  | is. If a claim has both prior  | ity and nonpriority amounts, list   | that claim here and show b  | arately for each claim. For each claim oth priority and nonpriority amounts.   |

Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total

claim

**Priority** 

amount

Nonpriority

amount

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Debtor 1 Jeffery Lee Case number (if known) Middle Name Last Name First Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. **✓** Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. **Total claim** 4.1 **ALLY FINANCIAL** \$11,694.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2/2012 PO BOX 380901 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated BLOOMINGTON 55438 Minnesota City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: **V** Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_\_ 072 Automobile Is the claim subject to offset? Yes ALLY FINANCIAL 4.2 \$5,828.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 1/2011 PO BOX 380901 Number As of the date you file, the claim is: Check all that apply. Contingent **BLOOMINGTON** Minnesota 55438 Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only **|** Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_ 072 Automobile Is the claim subject to offset? **✓** No Yes **AMEX** 4.3 \$8,788.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO box 981540 2/2002 Number Street As of the date you file, the claim is: Check all that apply. Contingent El Paso Texas 79998 Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only **|** Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts 001 UnknownLoanType Is the claim subject to offset? Other. Specify \_ No Yes

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Document Debtor 1 Jeffery First Name Lee Case number (if known) Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page Part 2:

|     | After listing any entries on this page, number them beginning wit         | h 4.5, followed by 4.6, and so forth.   | Total claim |
|-----|---|---|-------------|
| 4.4 | ASCENSION SERVICES L P Nonpriority Creditor's Name 1500 N NORWOOD STE 204 | Last 4 digits of account number 9157 When was the debt incurred? 7/2014                                 | \$466.00    |
|     | Number Street   | As of the date you file, the claim is: Check all that apply.  Contingent                                |             |
|     | HURST Texas 76054  City State Zip Code  Who incurred the debt? Check one. | ☐ Unliquidated ☐ Disputed   |             |
|     | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |             |
|     | Debtor 2 only   | Student loans   |             |
|     | Debtor 1 and Debtor 2 only  |   |             |
|     | At least one of the debtors and another                                   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|     | Check if this claim relates to a community debt                           | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|     | Is the claim subject to offset?   | Other. Specify 001 UnknownLoanType  |             |
|     | ✓ No  |   |             |
|     | Yes   |   |             |
| 4.5 | CAVALRY PORTFOLIO SERV  | Last 4 digits of account number 0960  | \$1,553.00  |
|     | Nonpriority Creditor's Name<br>4050 E COTTON CENTER BLV                   | When was the debt incurred? 9/2015  |             |
|     | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|     |   | Contingent  |             |
|     | PHOENIX Arizona 85040   | Unliquidated  |             |
|     | City State Zip Code Who incurred the debt? Check one.                     | Disputed  |             |
|     | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |             |
|     | Debtor 2 only   | Student loans   |             |
|     | Debtor 1 and Debtor 2 only  | Obligations arising out of a separation agreement or  |             |
|     | At least one of the debtors and another                                   | divorce that you did not report as priority claims  |             |
|     | Check if this claim relates to a community debt                           | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|     | Is the claim subject to offset?   | 001 Collection; Collecting for ORIGINAL CREDITOR:   |             |
|     | ✓ No  | Other. Specify SPRINGLEAF   |             |
|     | Yes   |   |             |
| 4.6 | City of Chicago Parking Tickets Nonpriority Creditor's Name               | Last 4 digits of account number   | \$1,900.00  |
|     | 333 South State Street, Rm 540  | When was the debt incurred?n/a  |             |
|     | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|     |   | Contingent  |             |
|     |   | Unliquidated  |             |
|     | Chicago Illinois 60604 City State Zip Code                                | Disputed  |             |
|     | Who incurred the debt? Check one.   | Type of NONPRIORITY unsecured claim:  |             |
|     | Debtor 2 only   | Student loans   |             |
|     | Debtor 1 and Debtor 2 only  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|     | At least one of the debtors and another                                   | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|     | Check if this claim relates to a community debt                           | Other. Specify Unpaid Parking Tickets   |             |
|     | Is the claim subject to offset?   | _   |             |
|     | ✓ No  |   |             |

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Debtor 1 Jeffery Lee Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 City of Chicago Parking Tickets \$1,800.00 Last 4 digits of account number Nonpriority Creditor's Name 333 South State Street, Rm 540 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60604 Chicago Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_ Unpaid Parking Tickets Is the claim subject to offset? **✓** No Yes \$525.00 City of Chicago Water Department Last 4 digits of account number \_ Nonpriority Creditor's Name 333 S State, Suite 300 When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Chicago Illinois 60604 State Zip Code Disputed City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_\_ Unpaid Water Bill Is the claim subject to offset? **✓** No Yes COMENITY BANK/CARSONS \$506.00 Last 4 digits of account number Nonpriority Creditor's Name 9/2016 When was the debt incurred? 1314 PINELOG ROAD Number Street As of the date you file, the claim is: Check all that apply. Contingent **AIKEN** 29803 South Carolina Unliquidated City Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only  $\overline{\mathbf{A}}$ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts

✓ No Yes

Is the claim subject to offset?

Other. Specify \_

CreditCard

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Debtor 1 Jeffery Lee Case number (if known) Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 COMENITY CAPITAL/HSN \$1,027.00 Last 4 digits of account number Nonpriority Creditor's Name 995 W 122ND AVE When was the debt incurred? 7/2016 Number Street As of the date you file, the claim is: Check all that apply. Contingent WESTMINSTER Colorado 80234 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ CreditCard Is the claim subject to offset? **✓** No Yes 4.11 Commonwealth Edison \$735.00 Last 4 digits of account number Nonpriority Creditor's Name 3 Lincoln Ctr Fl 4 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60181 Oakbrook Ter Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify Unpaid Amount Is the claim subject to offset? **✓** No Yes CREDIT ONE BANK NA 4.12 \$381.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 98875 When was the debt incurred? 11/2016 Number As of the date you file, the claim is: Check all that apply. Contingent 89193 LAS VEGAS Nevada Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify CreditCard Is the claim subject to offset? **✓** No

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Debtor 1 Jeffery Lee Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 **CREDITORS DISCOUNT & A** \$850.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 5/2013 415 E MAIN ST Number Street As of the date you file, the claim is: Check all that apply. Contingent **STREATOR** Illinois 61364 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? **|** ORIGINAL CREDITOR: MEDICAL **✓** No Other. Specify PAYMENT DATA Yes 4.14 ENHANCED RECOVERY CO L \$800.00 Last 4 digits of account number 3928 Nonpriority Creditor's Name 8014 BAYBERRY RD When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent **JACKSONVILLE** Florida 32256 Unliquidated State City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? Other. Specify \_ ORIGINAL CREDITOR: AT T **✓** No Yes FIRST PREMIER BANK 4.15 \$765.00 Last 4 digits of account number Nonpriority Creditor's Name Jefferson Capital Systems, LLC PO Box 7999 When was the debt incurred? 11/2011 Number As of the date you file, the claim is: Check all that apply. c/o Kelly Lukason Contingent 56302 Saint Cloud Minnesota Unliquidated City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify \_ CreditCard Is the claim subject to offset? No

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Debtor 1 Jeffery Lee Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.16 MIDLAND FUNDING \$790.00 Last 4 digits of account number Nonpriority Creditor's Name 8875 AERO DR STE 200 When was the debt incurred? 7/2012 Number As of the date you file, the claim is: Check all that apply. Contingent SAN DIEGO California 92123 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_ 001 UnknownLoanType Is the claim subject to offset? **✓** No Yes 4.17 Peoples Gas \$1,000.00 Last 4 digits of account number Nonpriority Creditor's Name 200 E. Randolph When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60601 Chicago Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ Unpaid Gas Bill Is the claim subject to offset? **✓** No Yes PORTFOLIO RECOVERY ASS 4.18 \$662.00 2384 Last 4 digits of account number Nonpriority Creditor's Name 120 CORPORATE BLVD STE 1 When was the debt incurred? 5/2015 Number Street As of the date you file, the claim is: Check all that apply. Contingent NORFOLK 23502 Virginia Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify 001 UnknownLoanType Is the claim subject to offset? **✓** No

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Debtor 1 Jeffery Lee Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.19 Santander Consumer USA \$8,953.00 Last 4 digits of account number Nonpriority Creditor's Name 14101 MYFORD RD FL 2 When was the debt incurred? 2/2012 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated TUSTIN 92780 California City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify \_\_\_\_ 075 Automobile Is the claim subject to offset? **✓** No Yes 4.20 SENEX SERVICES CORP \$237.00 0347 Last 4 digits of account number \_\_\_ Nonpriority Creditor's Name 4/2015 333 FOUNDS RD When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent **INDIANAPOLIS** 46268 Indiana Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts 001 Collection; Collecting for Is the claim subject to offset? **✓** ORIGINAL CREDITOR: MEDICAL **✓** No PAYMENT DATA Other, Specify Yes 4.21 Sprint \$895.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 6391 Sprint Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 66251 Overland Park Kansas Zip Code Disputed State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_ **Unpaid Amount** Is the claim subject to offset? **✓** No

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Debtor 1 Jeffery Lee Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.22 TD AUTO FINANCE \$20,954.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 9223 When was the debt incurred? 3/2012 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Michigan **FARMINGTON** 48333 HILLS Disputed City State Zip Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Debtor 1 only V Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Other. Specify \_\_\_ 072 Automobile Check if this claim relates to a community debt Is the claim subject to offset? **✓** No Yes 4.23 TD AUTO FINANCE \$14,845.00 Last 4 digits of account number 2133 Nonpriority Creditor's Name 2/2012 PO BOX 9223 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated **FARMINGTON** Michigan 48333 HILLS Disputed Zip Code State City Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another debts Other. Specify \_\_\_ 072 Automobile Check if this claim relates to a community debt Is the claim subject to offset? **✓** No

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Debtor 1 Jeffery Lee Case number (if known) Middle Name First Name Last Name Part 3: List Others to Be Notified About a Debt That You Already Listed Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Shindler, Keith On which entry in Part 1 or Part 2 did you list the original creditor? Name of (Check 1990e E Algonquin Rd # 180 Line 4.5 Part 1: Creditors with Priority Unsecured Claims one): Number Street Part 2: Creditors with Nonpriority Unsecured Schaumburg Illinois 60173 Last 4 digits of account number 0960 City State Zip Code Blatt Hasenmille Leibsker On which entry in Part 1 or Part 2 did you list the original creditor? 10 S Lasalle, Ste 2200 Line 4.18 of (Check Part 1: Creditors with Priority Unsecured Claims one): Number Street Part 2: Creditors with Nonpriority Unsecured Claims Chicago 60603 Illinois Last 4 digits of account number 2384 City State Zip Code HARRIS & HARRIS LTD On which entry in Part 1 or Part 2 did you list the original creditor? of (Check 111 W JACKSON BLVD S-400 Line 4.6 Part 1: Creditors with Priority Unsecured Claims one): Number Street Part 2: Creditors with Nonpriority Unsecured **CHICAGO** Illinois 60604 Last 4 digits of account number City Zip Code State HARRIS & HARRIS LTD On which entry in Part 1 or Part 2 did you list the original creditor?

of (Check

one):

Last 4 digits of account number

111 W JACKSON BLVD S-400

Street

Illinois

State

60604

Zip Code

Number

**CHICAGO** 

City

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured

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Debtor 1 Jeffery Lee Case number (if known)

| FIRST Na                 | me Middle Name Last Name  |         |                      |          |
|--------------------------|---|---------|----------------------|----------|
| Part 4: Add t            | he Amounts for Each Type of Unsecured Claim   |         |                      |          |
|                          | amounts of certain types of unsecured claims. This information is mounts for each type of unsecured claim.  | s for s | tatistical reporting | purposes |
|                          |   |         | Total claims         |          |
| Total claims from Part 1 | 6a. Domestic support obligations.   | 6a.     | \$0.00               |          |
|                          | 6b. Taxes and certain other debts you owe the government  | 6b.     | \$0.00               |          |
|                          | 6c. Claims for death or personal injury while you were intoxicated  | 6c.     | \$0.00               |          |
|                          | 6d. Other. Add all other priority unsecured claims. Write that  | 6d.     | \$0.00               |          |
|                          | amount here.  6e. Total. Add lines 6a through 6d.   | 6e.     | \$0.00               |          |
|                          | de. Total. Add lilles da tillough du.   | oe.     |                      |          |
|                          |   |         | Total claims         |          |
| Total claims from Part 2 | 6f. Student loans   | 6f.     | \$0.00               |          |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g.     | \$0.00               |          |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h.     | \$0.00               |          |
|                          | 6i. Other. Add all other nonpriority unsecured claims. Write  | 6i.     | \$85,954.00          |          |
|                          | that amount here.   |         | \$85,954.00          |          |
|                          | 6i. Total. Add lines 6f through 6i.   | 6i.     | φου,954.00           | 1        |

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| Fill in this infor                      | mation to identify your ca | ase:        |                              |
|---|----------------------------|-------------|------------------------------|
| Debtor 1                                | Jeffery                    |             | Lee                          |
|   | First Name                 | Middle Name | Last Name                    |
| Debtor 2                                | Lashanda                   |             | Hudson                       |
| (Spouse, if filing)                     | First Name                 | Middle Name | Last Name                    |
| United States Bankruptcy Court for the: |                            | Northern    | District of Illinois (State) |
| Case number                             |                            |             | (31)                         |

### Official Form 106G

### Check if this is an amended filing

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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| Fill in this infor     | mation to identify your o | case:          |                              |                                    |
|------------------------|---------------------------|----------------|------------------------------|------------------------------------|
| Debtor 1               | Jeffery                   |                | Lee                          |                                    |
|                        | First Name                | Middle Name    | Last Name                    |                                    |
| Debtor 2               | Lashanda                  |                | Hudson                       |                                    |
| (Spouse, if filing)    | First Name                | Middle Name    | Last Name                    |                                    |
| United States E        | Bankruptcy Court for the: | Northern       | District of Illinois (State) |                                    |
| Case number (If known) |                           |                |                              |                                    |
|                        |                           |                |                              | Check if this is ar amended filing |
| Official               | Form 106H                 |                |                              |                                    |
| C a la a al l          | a III. Varre Car          | d a la 4 a 4 a |                              |                                    |

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

|    | entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if<br>wn). Answer every question.  |
|----|--|
| 1. | Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)  |
|    | ☑ No   |
|    | Yes  |
| 2. | Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)  |
|    | No. Go to line 3.  |
|    | Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  |
|    | ✓ No   |
|    | Yes. In which community state or territory did you live? Fill in the name and current address of that person.  |
|    | Name of your spouse, former spouse, or legal equivalent  |
|    | Number Street  |
|    | City State Zip Code  |
| 3. | In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2. |
|    | Column 1: Your codebtor  Column 2: The creditor to whom you owe the debt   |
|    | Check all schedules that apply:  |
|    |  |

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|   |   | 200   |                       | .go <b>o</b> o o, oo  |  |                      |
|---|---|---|-----------------------|-----------------------|--|----------------------|
| Fill in this in                             | formation to identify   | your case:  |                       |                       |  |                      |
| Debtor 1                                    | Jeffery   |   | Lee                   |                       |  |                      |
| Bootor .                                    | First Name  | Middle Name   | Last Name             |                       | Observator Marketine inco  |                      |
| Debtor 2                                    | Lashanda  |   | Hudson                | '                     | Check if this is:  |                      |
| (Spouse, if filing                          |   | Middle Name   | Last Name             |                       | An amended filing  |                      |
| United States the:                          | Bankruptcy Court for  | Northern  | District of Illinois  |                       | A supplement showing p expenses as of the follow                                     |                      |
| Case number                                 | •   |   | (State)               |                       |  |                      |
| (If known)                                  |   |   |                       |                       | MM / DD / YYYY   |                      |
| Official                                    | Form 106I   |   |                       |                       |  |                      |
| Schedu                                      | le I: Your In   | come  |                       |                       |  | 12/15                |
| information<br>spouse. If m<br>number (if k | about your spouse. I  | If you are separated and<br>I, attach a separate she<br>y question. | d your spouse is 1    | not filing with you,  | your spouse is living with<br>do not include informati<br>Iditional pages, write you | on about your        |
|   |   |   | B.U 4                 |                       | D. I.I.  |                      |
| _   | ır employment   |   | Debtor 1              |                       | Debtor 2   |                      |
| informati                                   | on.   | Employment status   |                       |                       |  |                      |
| attach a s                                  | re more than one job,<br>eparate page with<br>on about additional | Employment status   | Employed  Not Employe | ed                    | Employed  Not Employed   |                      |
| employers                                   | S.  | Occupation  |                       |                       |  |                      |
|   | art time, seasonal, or<br>byed work.                              | Employer's name   |                       |                       |  |                      |
|   | on may include student naker, if it applies.                      | Employer's address  | Number Street         |                       | Number Street  |                      |
|   |   |   |                       |                       |  |                      |
|   |   |   | City                  | State Zip Cod         | e City   | State Zip Code       |
|   |   |   | ,                     |                       | ,  |                      |
|   |   | How long employed there?  |                       |                       |  |                      |
| Part 2: Gi                                  | ve Details About N  | Monthly Income  |                       |                       |  |                      |
| Estimate m                                  | onthly income as of the ss you are separated.                     | the date you file this form   | -                     |                       | ne, write \$0 in the space. Inc  |                      |
|   | r non-filling spouse nav<br>, attach a separate she               |   |                       | auon ior all employel | rs for that person on the line   | s below. If you need |
|   |   |   |                       | For Debtor 1          | For Debtor 2 or non-filing spouse  |                      |
|   |   | ary, and commissions (before, calculate what the monthly            |                       | \$0.0                 | \$0.00   | <u>)</u>             |
| 3. Estima                                   | te and list monthly ove   | rtime pay.  | 3.                    | + \$0.0               | + \$0.00   | 0                    |

\$0.00

\$0.00

4. Calculate gross income. Add line 2 + line 3.

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| Debi                 | tor 1Jeffery First Name   |  | ee<br>ast Name    | Case number<br>known)  |                                   |       |                         |
|----------------------|---|--|-------------------|------------------------|-----------------------------------|-------|-------------------------|
|                      | riiot Hairio  | middly Halife  |                   | For Debtor 1           | For Debtor 2 or non-filing spouse |       |                         |
| Co                   | py line 4 here  |  | <b>→</b> 4.       | \$0.00                 | \$0.00                            |       |                         |
| 5. <b>Lis</b>        | st all payroll ded  |  |                   |                        |                                   |       |                         |
| 5a                   | a. Tax, Medicare  | , and Social Security deductions   | 5a.               | \$0.00                 | \$0.00                            |       |                         |
| 5k                   | o. Mandatory co   | ntributions for retirement plans   | 5b.               | \$0.00                 | \$0.00                            |       |                         |
| 50                   | c. Voluntary cont   | ributions for retirement plans   | 5c.               | \$0.00                 | \$0.00                            |       |                         |
| 50                   | d. Required repa  | yments of retirement fund loans  | 5d.               | \$0.00                 | \$0.00                            |       |                         |
| 56                   | e. Insurance  |  | 5e.               | \$0.00                 | \$0.00                            |       |                         |
| 5f                   | . Domestic supp   | ort obligations  | 5f.               | \$0.00                 | \$0.00                            |       |                         |
| 50                   | g. Union dues   |  | 5g.               | \$0.00                 | \$0.00                            |       |                         |
| 5h                   | n. Other deduction  | ons. Specify:  | 5h. +             | \$0.00 +               | \$0.00                            |       |                         |
| 6. <b>Ad</b><br>+5h. | ld the payroll de   | <b>ductions.</b> Add lines 5a + 5b + 5c + 5d + 5e +5f  | + 5g 6.           | \$0.00                 | \$0.00                            |       |                         |
| 7. <b>Ca</b>         | lculate total mo  | onthly take-home pay. Subtract line 6 from line  | 4. 7.             | \$0.00                 | \$0.00                            |       |                         |
| 8. <b>Lis</b>        | st all other incom  | ne regularly received:   |                   |                        |                                   |       |                         |
| 88                   | business, profe   | •  |                   |                        |                                   |       |                         |
|                      |   | ent for each property and business showing ordinary and necessary business expenses, and   |                   |                        |                                   |       |                         |
|                      | the total month   |  | 8a.               | \$0.00                 | \$0.00                            |       |                         |
| 8t                   | o. Interest and d   | ividends   | 8b.               | \$0.00                 | \$0.00                            |       |                         |
| 80                   | dependent reg   | <del>-</del>   |                   |                        |                                   |       |                         |
|                      |   | <ul> <li>spousal support, child support, maintenance,<br/>ent, and property settlement.</li> </ul>   | 8c.               | \$0.00                 | \$0.00                            |       |                         |
| 80                   | d. Unemploymen  | t compensation   | 8d.               | \$0.00                 | \$0.00                            |       |                         |
| 86                   | e. Social Security  | у  | 8e.               | \$938.00               | \$0.00                            |       |                         |
| 8f                   | Include cash ass<br>cash assistance<br>under the Suppl<br>housing subsidi<br>Specify: | tent assistance that you regularly receive sistance and the value (if known) of any non-that you receive, such as food stamps (benefits lemental Nutrition Assistance Program) or ies  | 8f.               | \$0.00                 | \$49.00                           |       |                         |
| 80                   | g. Pension or ret   |  | 8g.               | \$0.00                 | \$0.00                            |       |                         |
| ,                    |   | rincome. Specify: See attached   | 8h. +             | \$0.00 +               | \$4,065.00                        |       |                         |
|                      |   | me Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g +   | 8h. 9.            | \$938.00               | \$4,114.00                        |       |                         |
| 40.0                 |   | Towns Add For 7 - For 0  | 10 F              | *****                  |                                   |       | 47.070.00               |
|                      |   | y income. Add line 7 + line 9.  ne 10 for Debtor 1 and Debtor 2 or non-filing sport  ne 10 for Debtor 1 and Debtor 2 or non-filing sport  ne 10 for Debtor 1 and Debtor 2 or non-filing sport  ne 10 for Debtor 1 and Debtor 2 or non-filing sport  ne 10 for Debtor 1 and Debtor 2 or non-filing sport  ne 10 for Debtor 1 and Debtor 2 or non-filing sport  ne 10 for Debtor 1 and Debtor 2 or non-filing sport  ne 10 for Debtor 1 and Debtor 2 or non-filing sport  ne 10 for Debtor 1 and Debtor 2 or non-filing sport  ne 10 for Debtor 1 and Debtor 2 or non-filing sport  ne 10 for Debtor 1 and Debtor 2 or non-filing sport  ne 10 for Debtor 1 and Debtor 2 or non-filing sport  ne 10 for Debtor 1 and Debtor 2 or non-filing sport  ne 10 for Debtor 3 or non-filing sport  n | 10.<br>Duse       | \$938.00 +             | \$4,114.00                        | =     | \$5,052.00              |
| In<br>fri            | clude contribution<br>ends or relatives.  | gular contributions to the expenses that you<br>ns from an unmarried partner, members of your had<br>amounts already included in lines 2-10 or amoun   | nousehold, your o | dependents, your roomm |                                   |       |                         |
| Sp                   | pecify:   |  |                   |                        |                                   | 11. + | \$0.00                  |
|                      |   | n the last column of line 10 to the amount in  |                   |                        |                                   | 12.   | \$5,052.00              |
|                      |   | increase or decrease within the year after y   | ŕ                 |                        | a, a cappilo                      |       | Combined monthly income |
| <u> </u>             | No.   |  |                   |                        |                                   |       |                         |
|                      | Yes. Explain:   |  |                   |                        |                                   |       |                         |
|                      |   |  |                   |                        |                                   |       |                         |

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Debtor 1 Jeffery Lee Case number (if First Name Middle Name Last Name known)

Part 2: Give Details About Monthly Income

Official Form 106I. Additional page.

| For Debtor 1 | For Debtor 2 or non-filing spouse |
|--------------|-----------------------------------|
|              |                                   |
| \$0.00       | \$3,700.00                        |
| \$0.00       | \$365.00                          |

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|--|---|--|--|-------------------|---|
| Fill in this infor                     | mation to identif                               | fy your case:  |  |                   |   |
| Debtor 1  Debtor 2 (Spouse, if filing) | Jeffery<br>First Name<br>Lashanda<br>First Name | Middle Name<br>Middle Name   | Lee Last Name Hudson Last Name                               | Check if this is: | ng  |
|  | Bankruptcy Court                                | for the: Northern  | District of Illinois (State)                                 |                   | howing post-petition chapter 13 the following date: |
| Case number<br>(If known)              | -   |  |  | MM / DD / YYY     | <u>Y</u>  |
| Official                               | Form 10   | )6J  |  |                   |   |
| Schedul                                | e J: Your                                       | Expenses   |  |                   | 12/1:   |
| information. If<br>(if known). Ans     |   |  |  |                   |   |
| 1. Is this a joi                       | nt case?  |  |  |                   |   |
|  | o to line 2<br>Des Debtor 2 liv                 | e in a separate household?   |  |                   |   |
|  | No Yes. Debtor 2                                | must file Official Forms 106J-2, Exper   | nses for Separate Household of Debi                          | for 2.            |   |
| 2. Do you hav                          | e dependents?                                   | No   |  |                   |   |
| Do not list D<br>Debtor 2.             | ebtor 1 and                                     | Yes. Fill out this information for each dependent                                  | Dependent's relationship to<br>Debtor 1 or Debtor 2<br>Child | Dependent's age   | Does dependent live with you?                       |
|  |   |  | Child  |                   | ✓ Yes.  No. ✓ Yes.                                  |
|  |   | ✓ No ☐ Yes   |  |                   |   |
| Part 2: Estil                          | mate Your On                                    | going Monthly Expenses   |  |                   |   |
|  | of a date after th                              | f your bankruptcy filing date unless y<br>he bankruptcy is filed. If this is a sup |  | -                 |   |
|  | •   | th non-cash government assistance<br>cluded it on Sc <i>hedule I: Your Incom</i> e | -  |                   | Your expenses                                       |
|  | or home owner<br>or the ground or l             | rship expenses for your residence. In<br>lot. 4.                                   | clude first mortgage payments and                            |                   | <b>\$1,141.00</b>                                   |

\$0.00

\$0.00

\$0.00

\$0.00

4a

4b.

4c.

4d.

If not included in line 4: 4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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| 5. Additional mortgage payments for your residence, such as home equity loans 6. Utilities 6. Electricity, hest, natural gas 6. Additional mortgage payments for your residence, such as home equity loans 6. Taephone, cell phone, Internet, satellite, and cable services 6. Taephone, cell phone, Internet, satellite, and cable services 6. Cappender, Specify:  7. Food and housekeeping supplies 7. Food and housekeeping supplies 7. Food and housekeeping supplies 7. Childcare and children's education costs 8. S77 8. Childcare and children's education costs 9. S97 8. S97 8. Childcare and children's education costs 9. S97 8. S97 8. Childcare and children's education costs 9. S97 8. S97 8. Childcare and children's education costs 9. S97 8. S97 8. Childcare and children's education costs 9. S97 8. S97 8. Childcare and children's education costs 9. S97 9. S98  | First Name Militarile Last Name  |                           |               |
|--|--|---------------------------|---------------|
| 6. Utilities: 6.a. Electricity, heat, natural gas 6.b. Water, sewer, garbage collection 6.b. Water, sewer, garbage collection 6.c. Telephone, cell phone, Internet, satellite, and cable services 6.c. \$200. 6.d. Other. Specify: 6.d. St. 7. Food and housekeeping supplies 7. Food and housekeeping supplies 8. \$77. 8922 8. Childicars and children's education costs 9. Clothing, laundry, and dry cleaning 9. \$981 10. Personal care products and services 10. \$982 11. Medical and dental expenses 12. Transportation. Include gas, maintenance, bus or train fare. Do not include care payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 14. \$556 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$576 15c. Vehicle insurance 15c. \$576 15c. Vehicle insurance 15d. Other specify: 15d. \$456 17d. Car payments for Vehicle 1 17d. Car payments for Vehicle 1 17d. Other. Specify: 18d. Surany payments of allimony, maintenance, and support that you did not report as deducted from your pay or line 5, Schedule 1, Your Income (Official Form 1050). 18d. Your payments of allimony, maintenance, and support that you did not report as deducted from your pay or line 5, Schedule 1, Your Income (Official Form 1050). 18d. Your payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Feet estate taxes. 20c. Schedule 1, Your phoceme (Official Form 1050).  |  |                           | Your expenses |
| 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Capacity 6c. Cap   | 5. Additional mortgage payments for your residence, such as home equity          | loans 5.                  | \$0.00        |
| 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. S200 6d. Other. Specify: 7. Food and housekeeping supplies 7. Food and housekeeping supplies 8. Childcare and children's education costs 8. S77 9. Clothing, laundry, and dry cleaning 9. S96 10. Personal care products and services 11. S95 11. Medical and dental expenses 11. Medical and dental expenses 11. Medical and dental expenses 12. Transportation. Include gas, maintenance, bus or train fare. 12. passion to not include care payments 13. Settertainment, clubs, recreation, newspapers, magazines, and books 13. Settertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. 15. Insurance. 15. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. S96 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: Financing Furniture 17d. Other. Specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other anyments you make to support others who do not live with you. Specify: 20a. Mortagages on other property 20b. Real estate taxes. 20b. Real estate taxes. 20b. Real estate taxes.   | 6. Utilities:  |                           |               |
| 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify:  7. Food and housekeeping supplies 7. Food and housekeeping supplies 8. Str. 8. Childcare and children's education costs 9. Cliothing, laundry, and dry cleaning 9. Seg. 10. Personal care products and services 10. Seg. 11. Medical and dental expenses 11. Medical and dental expenses 11. Medical and dental expenses 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, megazines, and books 13. Str. 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Seg. 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Car payments for Vehicle 1 17d. Other. Specify: 17d. Signature of the specify: 17d. Other. Specify: 17d. Signature of the specify: 17d. Other. Specify: 17d. Signature of the specify: 17d. Signature of the specify: 17d. Other. Specify: 17d. Signature of the specify: 17d. Other. Specify: 17d. Signature of the specify: 17d. Signature of the specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Signature of the specify: 17d. Other. Specify: 17d   | 6a. Electricity, heat, natural gas   | 6a.                       | \$400.00      |
| 6d. Other. Specify: 6d. Other. Specify: 7. Food and housekeeping supplies 7. Seeze 8. Childcare and children's education costs 8. S77. Seeze 8. Childcare and children's education costs 9. Seeze 9. Clothing, laundry, and dry cleaning 9. Seeze 9. Clothing, laundry, and dry cleaning 9. Seeze 9. Seeze 9. Clothing, laundry, and dry cleaning 9. Seeze 9. Seeze 9. Clothing, laundry, and dry cleaning 9. Seeze 9. S   | 6b. Water, sewer, garbage collection   | 6b.                       | \$175.00      |
| 7. Food and housekeeping supplies       7.       \$926         8. Childcare and children's education costs       8.       \$77         9. Clothing, laundry, and dry cleaning       9.       \$93         10. Personal care products and services       10.       \$92         11. Medical and dental expenses       11.       \$55         12. Transportation. Include gas, maintenance, bus or train fare.       12.       \$350         12. Instance and payments       13.       \$         14. Charitable contributions and religious donations       14.       \$         15. Insurance.       15a.       \$77         15. Health insurance       15a.       \$78         15. Health insurance       15b.       \$5         15c. Vehicle insurance.       15c.       \$256         15d. Other insurance. Specify:       15c.       \$5         15d. Other insurance. Specify:       16       \$5         15d. Charter insurance. Specify:       16       \$5         15d. Charter payments for Vehicle 1       17a.       \$45         17. Installment or lease payments:       17a.       \$45         17c. Chert. Specify:       17a.       \$45         17c. Other. Specify:       17a.       \$5         18. Your payments for Vehic   | 6c. Telephone, cell phone, Internet, satellite, and cable services               | 6c.                       | \$200.00      |
| 8. Childcare and children's education costs         8.         \$77           9. Clothing, laundry, and dry cleaning         9.         \$88           10. Personal care products and services         10.         \$95           11. Medical and dental expenses         11.         \$55           12. Transportation, Include gas, maintenance, bus or train fare.         12.         \$355           Do not include car payments         13.         \$5           14. Charitable contributions and religious donations         14.         \$5           15. Insurance.         15.         \$75           Do not include insurance deducted from your pay or included in lines 4 or 20.         15a. Life insurance         15a.         \$75           15b. Health insurance         15b. Sc.         \$25         \$25           15c. Vehicle insurance         15c. Vehicle insurance         15c. Vehicle insurance         15c. Sc.         \$25           15c. Vehicle insurance. Specify:         15c. Vehicle insurance.         15c. Sc.         \$25           15d. Other insurance. Specify:         15c. Sc.         \$25           15d. Other insurance. Specify:         15c. Sc.         \$25           15c. Vehicle insurance         15c. Sc.         \$25           15d. Other, specify:         15c. Sc.         \$25 <t< td=""><td>6d. Other. Specify:</td><td>6d</td><td>\$0.00</td></t<>  | 6d. Other. Specify:  | 6d                        | \$0.00        |
| 9. Clothing, laundry, and dry cleaning       9.       \$9.         10. Personal care products and services       10.       \$8.         11. Medical and dental expenses       11.       \$5.         12. Transportation, Include gas, maintenance, bus or train fare.       12.       \$3.5         12. Transportation, Include gas, maintenance, bus or train fare.       13.       \$5.         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13.       \$6.         14. Charitable contributions and religious donations       14.       \$5.         15. Insurance.       15.       15.       \$7.         15a. Life insurance deducted from your pay or included in lines 4 or 20.       \$7.       \$7.       \$6.         15b. Health insurance       15b.       \$6.       \$2.       \$6.       \$6.       \$2.       \$6  | 7. Food and housekeeping supplies  | 7.                        | \$925.00      |
| 10. Personal care products and services       10.       \$98         11. Medical and dental expenses       11.       \$50         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       12.       \$350         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13.       \$60         14. Charitable contributions and religious donations       14.       \$60         15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a       \$77         15b. Health insurance       15b       \$60       \$25         15c. Vehicle insurance.       15c       \$25         15c. Vehicle insurance. Specify:       15c       \$25         15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$60         \$pecify:       15c       \$15       \$60         15c. Vehicle insurance. Specify:       16       \$60         15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$60         \$pecify:       17c. Other insurance. Specify:       17a       \$450         17c. Car payments for Vehicle 1       17a       \$450         17c. Other. Specify:       17c       \$200         17c. Other. Specify:       17c <td>8. Childcare and children's education costs</td> <td>8.</td> <td>\$75.00</td>  | 8. Childcare and children's education costs                                      | 8.                        | \$75.00       |
| 11. Medical and dental expenses       11.       \$55         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       12.       \$350         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       13.       \$55         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13.       \$5         14. Charitable contributions and religious donations       14.       \$5         15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.       15a       \$77         15a. Life insurance       15b       \$6         15c. Vehicle insurance       15c       \$256         15c. Vehicle insurance. Specify:       15c       \$256         15c. Other insurance. Specify:       15c       \$256         15c. Other insurance. Specify:       15c       \$256         15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$256         \$pecify:       17c       \$15c       \$256         17c. Installment or lease payments:       17a       \$456         17b. Car payments for Vehicle 2       17b       \$20         17c. Other. Specify:       17c       \$20         17c. Other. Specify:       17c       \$20         18. You   | 9. Clothing, laundry, and dry cleaning   | 9.                        | \$95.00       |
| 12.   Transportation. Include gas, maintenance, bus or train fare. Do not include car payments   12.   355   | 10. Personal care products and services  | 10.                       | \$95.00       |
| Do not include car payments   13.   13.   13.   13.   13.   14.  | 11. Medical and dental expenses  | 11.                       | \$50.00       |
| 14. Charitable contributions and religious donations       14.       \$C.         15. Insurance.       Do not include insurance deducted from your pay or included in lines 4 or 20.         15a. Life insurance       15a       \$75.         15b. Health insurance       15b       \$C.         15c. Vehicle insurance       15c       \$256.         15c. Vehicle insurance.       15d       \$C.         15c. Vehicle insurance.       15d       \$C.         15d. Other insurance. Specify:       15d       \$C.         15c. Vehicle insurance.       15d       \$C.         15d. Other insurance. Specify:       15d       \$C.         15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$C.         Specify:       16       \$C.         17. Installment or lease payments:       16       \$C.         17a. Car payments for Vehicle 1       17a       \$450.         17b. Car payments for Vehicle 2       17b       \$C.         17c. Other. Specify:       17c       \$201.         17d. Other. Specify:       17d       \$C.         18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).       18.         19. Other real prope   |  | 12.                       | \$350.00      |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Other insurance. Specify: 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. To real properties for Vehicle 1 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: Financing Fumiture 17c. Other. Specify: Financing Fumiture 17d. Other. Specify: Industry maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. Your payments you make to support others who do not live with you. Specify: 19. St. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. St. 20b. Real estate taxes. 20b. \$t. 20c. Property, homeowner's, or renter's insurance  | 13. Entertainment, clubs, recreation, newspapers, magazines, and books           | 13.                       | \$0.00        |
| Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance   | 14. Charitable contributions and religious donations                             | 14.                       | \$0.00        |
| 15b  |  | 0.                        |               |
| 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: 16. Totallment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: Financing Furniture 17c \$201 17d. Other. Specify: Financing Furniture 17d. Other. Specify: 17d. Other. Specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you.  Specify: 19. \$60 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a \$60 20b. Real estate taxes. 20b \$60 20c. Property, homeowner's, or renter's insurance  | 15a. Life insurance  | 15a                       | \$75.00       |
| 15d. Other insurance. Specify: 15d \$(2)\$  16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16  17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a \$450. 17b. Car payments for Vehicle 2 17b \$(2)\$  17c. Other. Specify: Financing Furniture 17c \$(2)\$  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: 19. \$(2)\$  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes. 20b \$(3)\$  20c. Property, homeowner's, or renter's insurance 20c. \$(3)\$  | 15b. Health insurance  | 15b                       | \$0.00        |
| Specify:   |  |                           | \$256.00      |
| Specify:   | 15d. Other insurance. Specify:   | 15d                       | \$0.00        |
| 17. Installment or lease payments:  17a. Car payments for Vehicle 1 17a. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: Financing Furniture 17d. Other. Specify: Financing Furniture 17d. Other. Specify: 17d. Specify: 17d. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you.  Specify: 19. \$0  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20a \$0  20b. Real estate taxes. 20b \$0  20c. Property, homeowner's, or renter's insurance 20c \$0   | 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 $$ | or 20.                    |               |
| 17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify: Financing Furniture  17d. Other. Specify: Inancing Furniture  17d. Storage Inancing Furniture  17d. Other. Specify: Inancing Furniture  17d. Storage Inancing I   | Specify:   | 16                        | \$0.00        |
| 17b. Car payments for Vehicle 2 17c. Other. Specify: Financing Furniture 17d. Other. Specify: Financing Furniture 17d. Other. Specify: 17d \$60  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify: 19. \$60  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a \$60  20b. Real estate taxes. 20b \$60  20c. Property, homeowner's, or renter's insurance 20c \$60  | 17. Installment or lease payments:   | 10                        |               |
| 17c. Other. Specify: Financing Furniture  17d. Other. Specify: 17d. Other. Specify: 17d. Science Specify: 17d. Science Specify: 17d. Science Specify: 17d. Science Specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18.  19. Other payments you make to support others who do not live with you.  Specify: 19. \$0  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20a \$0  20b. Real estate taxes. 20b \$0  20c. Property, homeowner's, or renter's insurance 20c \$0  | 17a. Car payments for Vehicle 1  | 17a                       | \$450.00      |
| 17d. Other. Specify:  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. Schedule I: Your Income.  20b. Real estate taxes.  20c. Property, homeowner's, or renter's insurance  20c. Schedule I: Your Income.  | 17b. Car payments for Vehicle 2  | 17b                       | \$0.00        |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0  20b. Real estate taxes.  20c. Property, homeowner's, or renter's insurance  20c. \$0  \$0  \$0  \$0  \$0  \$0  \$0  \$0  \$0  \$0  | 17c. Other. Specify: Financing Furniture   | 17c                       | \$201.00      |
| your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. Scool Market State taxes.  20b. Scool Market State State Insurance  20c. Property, homeowner's, or renter's insurance  20c. Scool Market State State State Insurance  20c. Scool Market State Insurance  20c. Scool Market State Insurance  20c. Scool Market State Insurance  | 17d. Other. Specify:   | 17d                       | \$0.00        |
| 19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. Property, homeowner's, or renter's insurance  20c. Property, homeowner's, or renter's insurance  20c. \$60  |  | t report as deducted from | \$0.00        |
| Specify:   |  | 18.                       |               |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes. 20b \$0 20c. Property, homeowner's, or renter's insurance 20c \$0 30c \$ |  | 40                        |               |
| 20a. Mortgages on other property 20b. Real estate taxes. 20b. Scool Market (Section 20) Scool Ma   |  |                           | \$0.00        |
| 20b. Real estate taxes.  20b \$0 20c. Property, homeowner's, or renter's insurance 20c \$0   |  |                           | \$0.00        |
| 20c. Property, homeowner's, or renter's insurance 20c \$6  |  |                           | \$0.00        |
|  |  |                           | \$0.00        |
| 20d. Maintenance, repair, and upkeep expenses. 20d \$114   | 20d. Maintenance, repair, and upkeep expenses.                                   |                           | \$114.00      |
|  |  |                           | \$0.00        |

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| Debtor 1       |                       |  | Lee         | Case number (if known) |     |            |
|----------------|-----------------------|--|-------------|------------------------|-----|------------|
|                | First Name            | Middle Name  | Last Name   |                        |     |            |
| 21.Other       | r. Specify:           |  |             |                        | 21  | \$0.00     |
| 00 <b>Colo</b> |                       |  |             |                        |     |            |
|                | ulate your monthly    | •  |             |                        |     | \$4,602.00 |
|                | Add lines 4 through 2 |  |             | _                      |     | \$0.00     |
|                |                       | ly expenses for Debtor 2), if any  |             | 2                      |     | \$4,602.00 |
| 22c. A         | Add line 22a and 22b  | o. The result is your monthly exp  | enses.      |                        | 22. |            |
| 23.Calcu       | late your monthly     | net income.  |             |                        |     |            |
| 23a. (         | Copy line 12 (your co | ombined monthly income) from   | Schedule I. |                        | 23a | \$5,052.00 |
| 23b. (         | Copy your monthly e   | expenses from line 22 above.   |             |                        | 23b | \$4,602.00 |
| 23c. 9         | Subtract your month   | ly expenses from your monthly i  | ncome.      |                        |     | \$450.00   |
|                | The result is your mo | onthly net income.   |             |                        | 23c |            |
| mort           |                       | ect to finish paying for your car crease or decrease because of a recrease because because of a recrease because of a recrease because because of a recrease because because because because because of a recrease because becau |             |                        |     |            |
|                |                       |  |             |                        |     |            |

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| Fill in this infor                      | mation to identify your ca | ase:        |                              |
|---|----------------------------|-------------|------------------------------|
| Debtor 1                                | Jeffery                    |             | Lee                          |
|   | First Name                 | Middle Name | Last Name                    |
| Debtor 2                                | Lashanda                   |             | Hudson                       |
| (Spouse, if filing)                     | First Name                 | Middle Name | Last Name                    |
| United States Bankruptcy Court for the: |                            | Northern    | District of Illinois (State) |
| Case number                             |                            |             | (31)                         |

### Official Form 106Dec

### Check if this is an amended filing

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.  $\frac{1}{2} \left( \frac{1}{2} \right) = \frac{1}{2} \left( \frac{1}{2} \right)  

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | 1: Sign Below  |              |   |  |
|-----|--|--------------|---|--|
|     | Did you pay or agree to pay someone who is NOT an attorney to he                                   | elp you fill | out bankruptcy forms?   |  |
|     | <b>✓</b> No  |              |   |  |
|     | Yes. Name of person  |              | kruptcy Petition Preparer's Notice, Declaration, and<br>Official Form 119). |  |
|     |  |              |   |  |
|     |  |              |   |  |
|     | Under penalty of perjury, I declare that I have read the summary a that they are true and correct. | and schedu   | les filed with this declaration and   |  |
| ×   | /s/ Jeffery Lee  | ×            | /s/ Lashanda Hudson   |  |
|     | Signature of Debtor 1  |              | Signature of Debtor 2   |  |
|     | Date 6/9/2017<br>MM/DD/YYYY  |              | Date 6/9/2017<br>MM/DD/YYYY   |  |

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| Fill in          | this infor             | mation to identify yo                                 | ur case:                          |  |  |                |          |   |
|------------------|------------------------|---|-----------------------------------|--|--|----------------|----------|---|
| Debto            | or 1                   | Jeffery   |                                   | Lee  |  |                |          |   |
|                  |                        | First Name  | Middle                            | Name Last Nam  | е  |                |          |   |
| Debto            |                        | Lashanda  |                                   | Hudson   |  |                |          |   |
| (Spous           | e, if filing)          | First Name  | Middle                            | Name Last Nam  | e  |                |          |   |
| Unite            | d States E             | Bankruptcy Court for t                                | he: <u>Northern</u>               | District of Illino (State  |  |                |          |   |
| Case<br>(If knov | number<br>vn)          |   |                                   |  |  |                |          |   |
| Off              | icial                  | Form 107  |                                   |  |  |                |          | Check if this is amended filing   |
| Sta              | teme                   | nt of Financ  | cial Affairs f                    | or Individuals   | Filing for Ba  | nkrupto        | <b>y</b> | 04/   |
| nforr            | nation. I<br>er (if kn | lf more space is ne<br>own). Answer ever              | eded, attach a sep<br>y question. | arried people are filing t<br>arate sheet to this form   | On the top of any  |                |          |   |
| Part             | 1: Give                | Details About Yo                                      | our Marital Status                | and Where You Lived  | Before   |                |          |   |
| 1.               | What is                | your current marita                                   | l status?                         |  |  |                |          |   |
|                  | ☐ Ma                   | rried   |                                   |  |  |                |          |   |
|                  | Not                    | t married   |                                   |  |  |                |          |   |
|                  |                        |   |                                   |  |  |                |          |   |
| 2.               | During t               | the last 3 years, hav                                 | e you lived anywher               | e other than where you liv   | ve now?  |                |          |   |
| 2.               | During t               | the last 3 years, hav                                 | e you lived anywher               | e other than where you liv   | ve now?  |                |          |   |
| 2.               | ✓ No                   |   |                                   | e other than where you lives at 3 years. Do not include v  |  |                |          |   |
| 2.               | ✓ No<br>Yes            |   |                                   | at 3 years. Do not include v   |  |                |          | Dates Debtor 2 lived  |
| 2.               | ✓ No<br>Yes            | s. List all of the place                              |                                   | at 3 years. Do not include v   | vhere you live now.  |                |          | Dates Debtor 2 lived there  |
| 2.               | ✓ No<br>Yes            | s. List all of the place                              |                                   | at 3 years. Do not include v   | vhere you live now.  | r1             |          |   |
| 2.               | V No<br>Yes            | s. List all of the place                              |                                   | at 3 years. Do not include v   | where you live now.  Debtor 2:                                   | r 1            |          | there   |
| 2.               | V No<br>Yes            | s. List all of the place                              |                                   | of 3 years. Do not include we be a possible of the possible of | Debtor 2:  Same as Debtor  | r 1            |          | there Same as Debtor 1  |
| 2.               | V No Yes               | s. List all of the place  btor 1:  mber Street        | s you lived in the las            | Dates Debtor 1 lived there   | Debtor 2:  Same as Debtor  Number Street                         |                | p Code   | there  Same as Debtor 1  From   |
| 2.               | V No<br>Yes            | s. List all of the place  btor 1:  mber Street        |                                   | Dates Debtor 1 lived there   | Debtor 2:  Same as Debtor  Number Street                         | tate Zi        | p Code   | there  Same as Debtor 1  From   |
| 2.               | No Yes                 | s. List all of the place  btor 1:  mber Street        | s you lived in the las            | Dates Debtor 1 lived there   | Debtor 2:  Same as Debtor  Number Street  City S  Same as Debtor | tate Zi        | p Code   | there  Same as Debtor 1  From To  |
| 2.               | No Yes                 | s. List all of the place  btor 1:  mber Street        | s you lived in the las            | Dates Debtor 1 lived there  From To  | Debtor 2:  Same as Debtor  Number Street                         | tate Zi        | p Code   | there  Same as Debtor 1  From To  Same as Debtor 1                                    |
| 2.               | No Yes                 | s. List all of the place  btor 1:  mber Street  State | s you lived in the las            | Dates Debtor 1 lived there  From To  | Number Street  City S  Same as Debto                             | tate Zi<br>r 1 | p Code   | there  Same as Debtor 1  From To  Same as Debtor 1  From From  From  Same as Debtor 1 |

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Case number (if known)

Lee

Debtor 1 Jeffery Middle Name First Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income Sources of income **Gross income Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) ✓ Wages, Wages, \$19252.00 From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, Wages, \$14833.00 For last calendar year: commissions, commissions, 2016 (January 1 to December 31, bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, \$15000.00 For the calendar year before that: commissions, commissions. (January 1 to December 31, 2015) bonuses, tips bonuses, tips Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income Gross income from Describe below. each source Describe below. each source (before deductions and (before deductions exclusions) and exclusions) Est. YTD \$4,690.00 Est. LINK \$245.00 From January 1 of current year until the date you filed for bankruptcy: 2016 Income \$11,100.00 For last calendar year: (January 1 to December 31, 2016 \$11,100.00 2015 Income For the calendar year before that: (January 1 to December 31, 2015

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Debtor 1 Jeffery Lee Case number (if known) Middle Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors

Other

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| tor 1              | Jeffery                                 |                                      |  | Le                                       | e   | Case number                                  | (if known)   |
|--------------------|---|--------------------------------------|--|--|---|--|--|
|                    | First Name                              |                                      | Middle Name  | Las                                      | st Name                                     |  |  |
| Insi<br>con<br>age | ders include your<br>porations of which | relatives; and you are a for a busir | any general partners<br>an officer, director,<br>ness you operate as | s; relatives of any<br>person in control | general partners; par<br>or owner of 20% or | tnerships of which y<br>more of their voting | who was an insider?  you are a general partner; g securities; and any managing r domestic support obligations, |
| ✓                  | No                                      |                                      |  |  |   |  |  |
|                    | Yes. List all pay                       | ments to                             | an insider.  | Dates of                                 | Total amount                                | Amount you                                   | Reason for this payment  |
|                    |   |                                      |  | payment                                  | paid  | still owe                                    |  |
|                    | Insider's Name                          |                                      |  |  |   |  |  |
|                    | Number Street                           |                                      |  |  |   |  |  |
| _                  | City                                    | State                                | Zip Code   |  |   |  |  |
|                    | Insider's Name                          |                                      |  |  |   |  |  |
|                    | Number Street                           |                                      |  |  |   |  |  |
|                    |   |                                      |  |  |   |  |  |
|                    | City                                    | State                                | Zip Code   |  |   |  |  |
|                    | No                                      | _                                    | aranteed or cosigne  | ·  | Total amount paid                           | Amount you still owe                         | Reason for this payment  Include creditor's name   |
|                    | Insider's Name                          |                                      |  |  | ·   |  |  |
|                    | Number Street                           |                                      |  |  |   |  |  |
| _                  | City                                    | State                                | Zip Code   |  |   |  |  |
|                    | Insider's Name                          |                                      |  |  | ·   |  |  |
|                    | Number Street                           |                                      |  |  |   |  |  |
|                    |   |                                      |  |  |   |  |  |
|                    | City                                    | State                                | Zip Code   |  |   |  |  |

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Debtor 1 Jeffery Lee Case number (if known) Middle Name First Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title CONTRACT Pending Cook County Circuit Court CAVALRY SPV I, LLC v. Jeffrey Lee Court Name On appeal 50 West Washington Street **NumberStreet** Concluded Case number 60602 Chicago Illinois 2017-M1-113982 City State Zip Code CONTRACT Case title ✓ Pending Cook County Circuit Court PORTFOLIO RECOVERY V. Court Name LASHANDA HUDSON On appeal 50 West Washington Street NumberStreet Concluded Case number Chicago Illinois 60602 2017-M1-107707 City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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| Debt | tor 1 Jeffery   | Lee                                | Case number (if known)                       |                        |
|------|---|------------------------------------|--|------------------------|
|      | First Name Middle Name  | Last Name                          |  |                        |
| 11.  | Within 90 days before you filed for bankruptcy, accounts or refuse to make a payment because  |                                    | ank or financial institution, set off any am | ounts from your        |
|      | <b>✓</b> No   |                                    |  |                        |
|      | <u> </u>  |                                    |  |                        |
|      | Yes. Fill in the details.   |                                    |  |                        |
|      |   | Describe the action the            | e creditor took Date action was taken        | Amount                 |
|      |   |                                    |  |                        |
|      | Creditor's Name   |                                    |  |                        |
|      | Number Street   |                                    |  |                        |
|      |   |                                    |  |                        |
|      |   | Last 4 digits of account r         | number: XXXX-                                |                        |
|      |   |                                    |  |                        |
|      | City State Zip Code   | <del></del>                        |  |                        |
|      | 5.ty 5tate 2.p 5555   |                                    |  |                        |
|      | Within 1 year before you filed for bankruptcy, wappointed receiver, a custodian, or another off   |                                    | possession of an assignee for the benefit o  | of creditors, a court- |
|      | No.   |                                    |  |                        |
|      | No  |                                    |  |                        |
|      | Yes   |                                    |  |                        |
|      | List Contain Ciffs and Contain tions  |                                    |  |                        |
| Part | List Certain Gifts and Contributions  |                                    |  |                        |
|      |   |                                    |  |                        |
| 13.  | Within 2 years before you filed for bankruptcy  | , did you give any gifts with a to | otal value of more than \$600 per person?    |                        |
| 13.  | □ No  | , did you give any gifts with a to | otal value of more than \$600 per person?    |                        |
| 13.  | <b>✓</b> No   | , did you give any gifts with a to | otal value of more than \$600 per person?    |                        |
| 13.  | ✓ No  Yes. Fill in the details for each gift.   |                                    |  |                        |
| 13.  | <b>✓</b> No   | did you give any gifts with a to   | Dates you gave the                           | Value                  |
| 13.  | ✓ No  Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600  |                                    | Dates you<br>gave the                        | Value                  |
| 13.  | ✓ No  Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person   |                                    | Dates you<br>gave the                        | Value                  |
| 13.  | ✓ No  Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600  |                                    | Dates you<br>gave the                        | Value                  |
| 13.  | ✓ No  Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person   |                                    | Dates you<br>gave the                        | Value                  |
| 13.  | No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  |                                    | Dates you<br>gave the                        | Value                  |
| 13.  | ✓ No  Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person   |                                    | Dates you<br>gave the                        | Value                  |
| 13.  | ✓ No  Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  |                                    | Dates you<br>gave the                        | Value                  |
| 13.  | No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  |                                    | Dates you<br>gave the                        | Value                  |
| 13.  | ✓ No  Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  |                                    | Dates you<br>gave the                        | Value                  |
| 13.  | No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State Zip Code  |                                    | Dates you<br>gave the                        | Value                  |
| 13.  | No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State Zip Code  |                                    | Dates you<br>gave the                        | Value                  |
| 13.  | No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State Zip Code  |                                    | Dates you<br>gave the                        | Value                  |
| 13.  | Ves. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State Zip Code Person's relationship to you  ———————————————————————————————————             |                                    | Dates you<br>gave the                        | Value                  |
| 13.  | Ves. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State Zip Code Person's relationship to you  ———————————————————————————————————             |                                    | Dates you<br>gave the                        | Value                  |
| 13.  | Ves. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State Zip Code  Person's relationship to you  Person to Whom You Gave the Gift               |                                    | Dates you<br>gave the                        | Value                  |
| 13.  | Ves. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State Zip Code Person's relationship to you  ———————————————————————————————————             |                                    | Dates you<br>gave the                        | Value                  |
| 13.  | Ves. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State Zip Code Person's relationship to you  Person to Whom You Gave the Gift  Number Street |                                    | Dates you<br>gave the                        | Value                  |
| 13.  | Ves. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State Zip Code  Person's relationship to you  Person to Whom You Gave the Gift               |                                    | Dates you<br>gave the                        | Value                  |

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| ebtor 1 | Jeffery  |   | Lee   | Case number (if know         | vn)                               |                        |
|---------|--|---|---|------------------------------|-----------------------------------|------------------------|
|         | First Name   | Middle Name   | Last Name   | •                            | , <u> </u>                        |                        |
|         |  |   |   |                              |                                   |                        |
| . Wit   | thin 2 years before you filed for  | r bankruptcy, did   | you give any gifts or contribut   | ions with a total value      | of more than \$600                | to any charity?        |
|         | l No   |   |   |                              |                                   |                        |
| ✓       | No   |   |   |                              |                                   |                        |
|         | Yes. Fill in the details for each  | n gift or contribution  | on.   |                              |                                   |                        |
|         | Gifts or contributions to cha  | ritiae  | Describe what you contrib   | urted                        | Date you                          | Value                  |
|         | that total more than \$600   | iiies   | Describe what you continu   | uteu                         | contributed                       | Value                  |
|         | that total more than \$600   |   |   |                              | Contributed                       |                        |
|         |  |   |   |                              |                                   |                        |
|         | Charity's Name   |   |   |                              |                                   |                        |
|         |  |   |   |                              |                                   |                        |
|         |  |   |   |                              |                                   |                        |
|         | Number Street  |   |   |                              |                                   |                        |
|         | Number Street  |   |   |                              |                                   |                        |
|         | City   | Zin Codo  |   |                              |                                   |                        |
|         | City State   | Zip Code  |   |                              |                                   |                        |
|         | List Osstain Lassas  |   |   |                              |                                   |                        |
| υO      | List Certain Losses  |   |   |                              |                                   |                        |
|         | Yes. Fill in the details.  Describe the property you lose how the loss occurred  | st and  | Describe any insurance or Include the amount that ins                                 | urance has paid. List        | Date of your loss                 | Value of property lost |
|         |  |   | pending insurance claims of   | n line 33 of <i>Schedule</i> |                                   |                        |
|         |  |   | A/B: Property.  |                              |                                   |                        |
|         |  |   |   |                              |                                   |                        |
|         |  |   |   |                              |                                   |                        |
|         |  |   |   |                              |                                   |                        |
| . Wit   | List Certain Payments or<br>thin 1 year before you filed for<br>out seeking bankruptcy or prep   | bankruptcy, did yo<br>paring a bankrupt   | cy petition?  |                              |                                   | anyone you consulte    |
| . Wit   | thin 1 year before you filed for<br>but seeking bankruptcy or prep<br>lude any attorneys, bankruptcy po<br>No  | bankruptcy, did yo<br>paring a bankrupt   | cy petition?  |                              |                                   | anyone you consulted   |
| . Wit   | thin 1 year before you filed for but seeking bankruptcy or preplude any attorneys, bankruptcy process.   | bankruptcy, did yo<br>paring a bankrupt   | cy petition?  |                              |                                   | anyone you consulte    |
| Wit     | thin 1 year before you filed for<br>but seeking bankruptcy or prep<br>lude any attorneys, bankruptcy po<br>No  | bankruptcy, did yo<br>paring a bankrupt   | cy petition?  | ervices required in your b   | Date payment or transfer          | Amount of payment      |
| Wit     | thin 1 year before you filed for but seeking bankruptcy or preplude any attorneys, bankruptcy polyon.  No  Yes. Fill in the details.   | bankruptcy, did yo<br>paring a bankrupt   | cy petition? credit counseling agencies for s  Description and value of a transferred | ervices required in your b   | Date payment or transfer was made | Amount of payment      |
| Wit     | thin 1 year before you filed for but seeking bankruptcy or preplude any attorneys, bankruptcy polyon.  No  Yes. Fill in the details.  Semrad Law Firm  | bankruptcy, did yo<br>paring a bankrupt   | cy petition? credit counseling agencies for s  Description and value of a             | ervices required in your b   | Date payment or transfer          | Amount of              |
| Wit     | chin 1 year before you filed for but seeking bankruptcy or preplude any attorneys, bankruptcy polyone.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid  | bankruptcy, did yo<br>paring a bankrupt   | cy petition? credit counseling agencies for s  Description and value of a transferred | ervices required in your b   | Date payment or transfer was made | Amount of payment      |
| Wit     | chin 1 year before you filed for but seeking bankruptcy or preplude any attorneys, bankruptcy polyton.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue  | bankruptcy, did yo<br>paring a bankrupt   | cy petition? credit counseling agencies for s  Description and value of a transferred | ervices required in your b   | Date payment or transfer was made | Amount of payment      |
| Wit     | chin 1 year before you filed for but seeking bankruptcy or preplude any attorneys, bankruptcy polyone.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid  | bankruptcy, did yo<br>paring a bankrupt   | cy petition? credit counseling agencies for s  Description and value of a transferred | ervices required in your b   | Date payment or transfer was made | Amount of payment      |
| Wit     | chin 1 year before you filed for but seeking bankruptcy or preplude any attorneys, bankruptcy polyton.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue  | bankruptcy, did yo<br>paring a bankrupt   | cy petition? credit counseling agencies for s  Description and value of a transferred | ervices required in your b   | Date payment or transfer was made | Amount of payment      |
| Wit     | chin 1 year before you filed for but seeking bankruptcy or preplude any attorneys, bankruptcy polyton.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue  | bankruptcy, did yo<br>paring a bankrupt   | cy petition? credit counseling agencies for s  Description and value of a transferred | ervices required in your b   | Date payment or transfer was made | Amount of payment      |
| Wit     | chin 1 year before you filed for but seeking bankruptcy or preplude any attorneys, bankruptcy polyton.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue  | bankruptcy, did yo<br>paring a bankrupt   | cy petition? credit counseling agencies for s  Description and value of a transferred | ervices required in your b   | Date payment or transfer was made | Amount of payment      |
| Wit     | chin 1 year before you filed for but seeking bankruptcy or preplude any attorneys, bankruptcy produced any attorneys, ban | bankruptcy, did yo<br>paring a bankrupt<br>etition preparers, or                      | cy petition? credit counseling agencies for s  Description and value of a transferred | ervices required in your b   | Date payment or transfer was made | Amount of payment      |
| Wit     | chin 1 year before you filed for but seeking bankruptcy or preplude any attorneys, bankruptcy produce any attorneys, bankruptcy produced any attorneys, bank | bankruptcy, did yo<br>paring a bankrupt<br>etition preparers, or<br>60643             | cy petition? credit counseling agencies for s  Description and value of a transferred | ervices required in your b   | Date payment or transfer was made | Amount of payment      |
| Wit     | chin 1 year before you filed for but seeking bankruptcy or preplude any attorneys, bankruptcy produced any attorneys, ban | bankruptcy, did yo<br>paring a bankrupt<br>etition preparers, or<br>60643             | cy petition? credit counseling agencies for s  Description and value of a transferred | ervices required in your b   | Date payment or transfer was made | Amount of payment      |
| Wit     | chin 1 year before you filed for but seeking bankruptcy or preplude any attorneys, bankruptcy pollude any at | bankruptcy, did yo<br>paring a bankrupt<br>etition preparers, or<br>60643<br>Zip Code | cy petition? credit counseling agencies for s  Description and value of a transferred | ervices required in your b   | Date payment or transfer was made | Amount of payment      |
| Wit     | chin 1 year before you filed for but seeking bankruptcy or preplude any attorneys, bankruptcy produce any attorneys, bankruptcy produced any attorneys, bank | bankruptcy, did yo<br>paring a bankrupt<br>etition preparers, or<br>60643<br>Zip Code | cy petition? credit counseling agencies for s  Description and value of a transferred | ervices required in your b   | Date payment or transfer was made | Amount of payment      |
| . Wit   | chin 1 year before you filed for but seeking bankruptcy or preplude any attorneys, bankruptcy pollude any at | bankruptcy, did yo<br>paring a bankrupt<br>etition preparers, or<br>60643<br>Zip Code | cy petition? credit counseling agencies for s  Description and value of a transferred | ervices required in your b   | Date payment or transfer was made | Amount of payment      |
| . Wit   | chin 1 year before you filed for but seeking bankruptcy or preplude any attorneys, bankruptcy produced any attorneys, ban | bankruptcy, did yo<br>paring a bankrupt<br>etition preparers, or<br>60643<br>Zip Code | cy petition? credit counseling agencies for s  Description and value of a transferred | ervices required in your b   | Date payment or transfer was made | Amount of payment      |
| . Wit   | chin 1 year before you filed for but seeking bankruptcy or preplude any attorneys, bankruptcy pollude any at | bankruptcy, did yo<br>paring a bankrupt<br>etition preparers, or<br>60643<br>Zip Code | cy petition? credit counseling agencies for s  Description and value of a transferred | ervices required in your b   | Date payment or transfer was made | Amount of payment      |
| . Wit   | chin 1 year before you filed for but seeking bankruptcy or preplude any attorneys, bankruptcy produce any attorneys, bankruptcy produced any attorneys.  Semrad Law Firm Person Who Was Paid  11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Paymen  Person Who Was Paid  | bankruptcy, did yo<br>paring a bankrupt<br>etition preparers, or<br>60643<br>Zip Code | cy petition? credit counseling agencies for s  Description and value of a transferred | ervices required in your b   | Date payment or transfer was made | Amount of payment      |
| . Wit   | chin 1 year before you filed for but seeking bankruptcy or preplude any attorneys, bankruptcy produced any attorneys, ban | bankruptcy, did yo<br>paring a bankrupt<br>etition preparers, or<br>60643<br>Zip Code | cy petition? credit counseling agencies for s  Description and value of a transferred | ervices required in your b   | Date payment or transfer was made | Amount of payment      |
| . Wit   | chin 1 year before you filed for but seeking bankruptcy or preplude any attorneys, bankruptcy produce any attorneys, bankruptcy produced any attorneys.  Semrad Law Firm Person Who Was Paid  11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Paymen  Person Who Was Paid  | bankruptcy, did yo<br>paring a bankrupt<br>etition preparers, or<br>60643<br>Zip Code | cy petition? credit counseling agencies for s  Description and value of a transferred | ervices required in your b   | Date payment or transfer was made | Amount of payment      |
| . Wit   | chin 1 year before you filed for but seeking bankruptcy or preplude any attorneys, bankruptcy produce any attorneys, bankruptcy produced any attorneys.  Semrad Law Firm Person Who Was Paid  11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Paymen  Person Who Was Paid  | bankruptcy, did yo<br>paring a bankrupt<br>etition preparers, or<br>60643<br>Zip Code | cy petition? credit counseling agencies for s  Description and value of a transferred | ervices required in your b   | Date payment or transfer was made | Amount of payment      |
| . Wit   | chin 1 year before you filed for but seeking bankruptcy or preplude any attorneys, bankruptcy produced any attorneys.  Semrad Law Firm Person Who Was Paid  11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Paymen  Person Who Was Paid  Number Street  | bankruptcy, did yo<br>paring a bankrupt<br>etition preparers, or<br>60643<br>Zip Code | cy petition? credit counseling agencies for s  Description and value of a transferred | ervices required in your b   | Date payment or transfer was made | Amount of payment      |
| Wit     | chin 1 year before you filed for but seeking bankruptcy or preplude any attorneys, bankruptcy produce any attorneys, bankruptcy produced any attorneys.  Semrad Law Firm Person Who Was Paid  11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Paymen  Person Who Was Paid  Number Street   | bankruptcy, did yo<br>paring a bankrupt<br>etition preparers, or<br>60643<br>Zip Code | cy petition? credit counseling agencies for s  Description and value of a transferred | ervices required in your b   | Date payment or transfer was made | Amount of payment      |
| . Wit   | chin 1 year before you filed for but seeking bankruptcy or preplude any attorneys, bankruptcy produced any attorneys.  Semrad Law Firm Person Who Was Paid  11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Paymen  Person Who Was Paid  Number Street  | bankruptcy, did yo<br>paring a bankrupt<br>etition preparers, or<br>60643<br>Zip Code | cy petition? credit counseling agencies for s  Description and value of a transferred | ervices required in your b   | Date payment or transfer was made | Amount of payment      |
| 6. Wit  | chin 1 year before you filed for but seeking bankruptcy or preplude any attorneys, bankruptcy produce any attorneys, bankruptcy produced any attorneys.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Paymen  Person Who Was Paid  Number Street  | bankruptcy, did yo<br>paring a bankrupt<br>etition preparers, or<br>60643<br>Zip Code | cy petition? credit counseling agencies for s  Description and value of a transferred | ervices required in your b   | Date payment or transfer was made | Amount of payment      |

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| Jeffery   |  | Lee  | Case n  | umber <i>(if known)</i>  |  |  |
|---|--|--|---|--|--|--|
| First Name  | Middle Name  | Last Name  |   |  |  |  |
| lp you deal with your credit                                    | ors or to make paym  | nents to your creditors?   | our behalf p  | ay or transfer   | any property to a  | anyone who promis  |
| No Yes. Fill in the details.                                    |  |  |   |  |  |  |
|   |  | Description and value of transferred   | any property  |  | Date<br>payment or<br>transfer was<br>made   | Amount of paymo  |
| Person Who Was Paid   |  | -  |   |  |  |  |
| Number Street   |  | -  |   |  |  |  |
|   |  | -  |   |  |  |  |
| City State  | Zip Code   |  |   |  |  |  |
| clude both outright transfers and transfers that you have alrea | nd transfers made as   | security (such as the granting of  | a security into   | erest or mortgaç   | ge on your proper  | ty). Do not include g  |
| Yes. Fill in the details.                                       |  | Description and value of transferred   | property  | payments red   |  | Date transfer w  |
| Person Who Received Trans                                       | sfer   | -  |   |  |  |  |
| Number Street   |  | -  |   |  |  |  |
|   |  | -  |   |  |  |  |
| City State<br>Person's relationship to you                      | Zip Code<br>ı  | -  |   |  |  |  |
| Person Who Received Trans                                       | sfer   | -  |   |  |  |  |
| Number Street   |  | -  |   |  |  |  |
| City State<br>Person's relationship to you                      | Zip Code   | -  |   |  |  |  |
| neficiary?  |  | d you transfer any property to   | a self-settle   | ed trust or simi   | lar device of wh   | ich you are a  |
| No Yes. Fill in the details.                                    |  |  |   |  |  |  |
| -   |  | Description and value o  | f the propert   | y transferred  |  | Date<br>transfer w<br>made   |
| Name of trust   |  |  |   |  |  |  |
|   | thin 1 year before you filed in the pour deal with your credit on the include any payment or to the not include any payment of the not include both outright transfers and transfers that you have alread transfers that you have alre | thin 1 year before you filed for bankruptcy, did lp you deal with your creditors or to make payn not include any payment or transfer that you listed.  No Yes. Fill in the details.  Person Who Was Paid Number Street  City State Zip Code thin 2 years before you filed for bankruptcy, did e ordinary course of your business or financial a sold transfers that you have already listed on this state.  No Yes. Fill in the details.  Person Who Received Transfer Number Street  City State Zip Code Person's relationship to you  Person Who Received Transfer Number Street  City State Zip Code Person's relationship to you  thin 10 years before you filed for bankruptcy, dineficiary? nese are often called asset-protection devices.)  No Yes. Fill in the details. | thin 1 year before you filed for bankruptcy, did you or anyone else acting on you deal with your creditors or to make payments to your creditors? not include any payment or transfer that you listed on line 16.  No Yes. Fill in the details.  Person Who Was Paid  Number Street  City State Zip Code  thin 2 years before you filed for bankruptcy, did you sell, trade, or otherwise to ordinary course of your business or financial affairs? Sudde both outight transfers and transfers made as security (such as the granting of d transfers that you have already listed on this statement.  No Yes. Fill in the details.  Person Who Received Transfer  Number Street  City State Zip Code  Person's relationship to you  Person's relationship to you  thin 10 years before you filed for bankruptcy, did you transfer any property to neficiary? nese are often called asset-protection devices.)  No Yes. Fill in the details. | thin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf p p you deal with your creditors or to make payments to your creditors? not include any payment or transfer that you listed on line 16.  No Yes. Fill in the details.  Person Who Was Paid  Number Street  City State Zip Code  thin 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any or ordinary course of your business or financial affairs? Judge both outpith transfers and transfers made as security (such as the granting of a security int d transfers that you have already listed on this statement.  No Yes. Fill in the details.  Description and value of property transferred  Description and value of property transferred  Person Who Received Transfer  Number Street  City State Zip Code Person's relationship to you  Person Who Received Transfer Xumber Street  City State Zip Code Person's relationship to you  thin 10 years before you filed for bankruptcy, did you transfer any property to a self-settle neficiary?  nese are often called asset-protection devices.)  No Yes. Fill in the details.  Description and value of the property  thin 10 years before you filed for bankruptcy, did you transfer any property to a self-settle neficiary?  nese are often called asset-protection devices.)  No Yes. Fill in the details. | Last Name   Last | In the details.    Description and value of property to a self-settled trust or similar device of white ficiary? |

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Debtor 1 Jeffery Lee Case number (if known) Middle Name First Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance number account was instrument before closed, sold, closing or moved, or transfer transferred BANK OF AMERICA XXXX-1234 12/2016 \$ 5.00 Person Who Was Paid Savings POB 15026 Number Street Money market Brokerage WILMINGTON Delaware 19801 Other Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? Name of Financial Institution Name Number Street Number Street City State Zip Code City State Zip Code 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? Name of Storage Facility Name Number Street Number Street City State Zip Code

City

State

Zip Code

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Debtor 1 Jeffery Lee Case number (if known) Middle Name Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code Zip Code City State Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street NumberStreet City State Zip Code City State Zip Code

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| Debt |          | Jeffery              |                 |                  | Lee                           | Case nu                   | mber (if known)  |                    |
|------|----------|----------------------|-----------------|------------------|-------------------------------|---------------------------|--|--------------------|
|      |          | First Name           |                 | Middle Name      | Last Name                     |                           |  |                    |
| 26.  | Hav      | e you been a party   | y in any judic  | ial or administi | rative proceeding under       | any environmental l       | aw? Include settlements and order                        | rs.                |
|      | <b>✓</b> | No                   |                 |                  |                               |                           |  |                    |
|      |          | Yes. Fill in the det | ails.           |                  |                               |                           |  |                    |
|      |          |                      |                 |                  | Court or agency               | N                         | ature of the case  | Status of the case |
|      |          | Case title           |                 |                  |                               |                           |  | Pending            |
|      |          |                      |                 |                  | Court Name                    |                           |  | On appeal          |
|      |          | Case number          |                 |                  | NumberStreet                  |                           |  | Concluded          |
|      |          |                      |                 |                  | City State                    | Zip Code                  |  |                    |
| Part | 11:      | Give Details Ab      | out Your B      | usiness or Co    | onnections to Any Bu          | siness                    |  |                    |
| 27.  | With     | nin 4 years before   | you filed for I | bankruptcy, did  | d you own a business or       | have any of the follo     | wing connections to any business?                        | •                  |
|      |          | ✓ A sole propri      | etor or self-er | mploved in a tra | ade, profession, or other     | activity, either full-tir | me or part-time  |                    |
|      |          |                      |                 |                  | LLC) or limited liability pa  |                           | no or part arrio   |                    |
|      |          | A partner in a       |                 |                  | LEO) of inflited liability pa | ii ti lei 3i lip (LLi )   |  |                    |
|      |          | ш .                  |                 |                  | in of a name anation          |                           |  |                    |
|      |          |                      |                 |                  | ve of a corporation           |                           |  |                    |
|      |          | An owner of a        | at least 5% of  | the voting or e  | equity securities of a corp   | poration                  |  |                    |
|      | П        | No. None of the a    | bove applies    | s. Go to Part 12 |                               |                           |  |                    |
|      | 片        |                      |                 |                  | details below for each b      | nusiness                  |  |                    |
|      | Y        |                      | ar apply abov   |                  |                               |                           | Employer Identification no                               | ımbar Da nat       |
|      |          |                      |                 |                  | Describe the natu             | ire of the business       | Employer Identification nu<br>include Social Security nu |                    |
|      |          | Lashanda Hudson      | 1               |                  | Child Care                    |                           |  |                    |
|      |          | Business Name        |                 |                  | Crilid Gale                   |                           | EIN:xx-xxx   |                    |
|      |          | 6750 S. Maplewo      | od              |                  |                               |                           |  |                    |
|      |          | Number Street        |                 |                  |                               |                           | Dates business existed                                   |                    |
|      |          | Chicago              | Illinois        | 60629            | Name of accounts              | ant or bookkeeper         | Dates business existed                                   |                    |
|      |          | City                 | State           | Zip Code         |                               |                           | From To  |                    |
|      |          |                      |                 |                  |                               |                           |  |                    |
|      |          |                      |                 |                  |                               |                           |  |                    |
|      |          |                      |                 |                  | Describe the natu             | ire of the business       | Employer Identification nu include Social Security nu    |                    |
|      |          |                      |                 |                  |                               |                           | EIN:   |                    |
|      |          | Business Name        |                 |                  | _                             |                           |  |                    |
|      |          | Number Street        |                 |                  | _                             |                           | Dates business existed                                   |                    |
|      |          |                      |                 |                  | Name of accounts              | ant or bookkeeper         |  |                    |
|      |          | City                 | State           | Zip Code         |                               |                           | From To  |                    |
|      |          |                      |                 |                  |                               |                           |  |                    |
|      |          |                      |                 |                  |                               |                           |  |                    |
|      |          |                      |                 |                  |                               |                           |  |                    |
|      |          |                      |                 |                  | Describe the natu             | ire of the business       | Employer Identification nu<br>include Social Security nu |                    |
|      |          | -                    |                 |                  |                               |                           | EIN:   |                    |
|      |          | Business Name        |                 |                  |                               |                           |  |                    |
|      |          | Number Street        |                 |                  | _                             |                           | Dates business existed                                   |                    |
|      |          | City                 | State           | Zip Code         | Name of accounta              | ant or bookkeeper         | From: T:   |                    |
|      |          | Oity                 | State           | zip code         |                               |                           | From To  |                    |
|      |          |                      |                 |                  |                               |                           |  |                    |
|      |          |                      |                 |                  |                               |                           |  |                    |

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| Deb  | tor 1      | Jeffery   |                               |                       | Lee   | Case number (if known)   |
|------|------------|---|-------------------------------|-----------------------|---|--|
|      |            | First Name  |                               | Middle Name           | Last Name   |  |
| 28.  |            | hin 2 years before<br>ditors, or other pa<br>No<br>Yes. Fill in the det | rties.                        | bankruptcy, did you   | ı give a financial statement                              | to anyone about your business? Include all financial institutions,   |
|      |            |   |                               |                       | Date issued   |  |
|      |            |   |                               |                       |   |  |
|      |            | Name  |                               |                       | MM/DD/YYYY  |  |
|      |            | Number Street   |                               |                       |   |  |
|      |            | Number Street   |                               |                       |   |  |
|      |            | City  | State                         | Zip Code              |   |  |
|      |            | 1   | Oldio                         | Zip GGGG              |   |  |
| Part | t 12:      | Sign Below  |                               |                       |   |  |
| 1    | true a     | and correct. I unde<br>kruptcy case can                                 | erstand that<br>result in fin | making a false stat   | ement, concealing property<br>r imprisonment for up to 20 | is, and I declare under penalty of perjury that the answers are , or obtaining money or property by fraud in connection with years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|      |            | /S/   | Jeffery Lee<br>ure of Debto   | • 1                   |   | /s/ Lashanda Hudson Signature of Debtor 2  |
|      |            | olgitati  | ule of Debto                  | 1                     |   | oignature of Destor 2  |
|      |            | Date  | 6/9/2017                      |                       |   | Date 6/9/2017  |
|      | Did v      | ou attach addition  | nal nages to                  | Vour Statement of F   | inancial Affairs for Individua                            | als Filing for Bankruptcy (Official Form 107)?   |
|      |            |   | iai pages to                  | rour otatement or r   | manolal Analis for marviado                               | no i milg for Bankruptoy (Omorai i om 101).  |
|      | <b>⊻</b> ^ | lo  |                               |                       |   |  |
|      | Y          | 'es   |                               |                       |   |  |
| ı    | Did y      | ou pay or agree to  | pay someo                     | ne who is not an atte | orney to help you fill out ban                            | kruptcy forms?   |
|      | .ZI N      | lo  |                               |                       |   |  |
|      | _          | es. Name of persor  | า                             |                       |   | Attach the Bankruptcy Petition Preparer's Notice,  |
|      | Ш '        | cc. Hamo or polooi  | •                             |                       |   | Declaration, and Signature (Official Form 119).  |

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B2030 (Form 2030) (12/15)

### **UNITED STATES BANKRUPTCY COURT**

|         |  | Northern Distri               | ct of Illinois  |                              |
|---------|--|-------------------------------|---|------------------------------|
| In re   | Jeffery Lee ; Lashanda Hud   | dson                          | Case No.  |                              |
|         | Debtor   |                               |   | (If known)                   |
|         |  |                               | Chapter   | Chapter 13                   |
|         | DISCLOSURE OF  | COMPENSATIO                   | N OF ATTORNEY F   | OR DEBTOR                    |
| COI     | mpensation paid to me within one   | year before the filing of the | fy that I am the attorney for the abo<br>petition in bankruptcy, or agreed to<br>lation of or in connection w ith the | be paid to me, for services  |
| Fo      | r legal services, I have agreed to a                                       | ccept                         |   | \$4,000.00                   |
| Pri     | ior to the filing of this statement I I                                    | nave received                 |   | \$400.00                     |
| Ba      | lance Due  |                               |   | \$3,600.00                   |
| 2. Th   | e source of the compensation paid  | d to me was:                  |   |                              |
|         | Debtor   | Other (specify)               |   |                              |
| 3. Th   | e source of the compensation paid  | d to me is:                   |   |                              |
|         | <b>✓</b> Debtor  | Other (specify)               |   |                              |
| 4. 🗸    | I have not agreed to share the ab<br>members and associates of my l        |                               | n with any other person unless the  | y are                        |
|         |  | v firm. A copy of the agreem  | ith a other person or persons who a<br>ent, together with a list of the name  |                              |
| 5. ln i |  | -                             | al service for all aspects of the bank<br>gadvice to the debtor in determinin   | • •                          |
|         | b. Preparation and filing of any   | petition, schedules, stateme  | ents of affairs and plan which may b  | pe required;                 |
|         | c. Representation of the debtor  | at the meeting of creditors a | and confirmation hearing, and any a   | adjourned hearings thereof;  |
|         | d. Representation of the debtor  | in adversary proceedings an   | nd other contested bankruptcy mat   | ters;                        |
| 6. By   | agreement with the debtor(s), the  | above-disclosed fee does no   | ot include the following services:  |                              |
|         |  |                               |   |                              |
|         |  | CERTIFIC                      | ATION   |                              |
|         | tify that the foregoing is a complet<br>s) in this bankruptcy proceedings. | e statement of any agreeme    | nt or arrangement for payment to n  | ne for representation of the |
|         | 6/9/2017   |                               | /s/ Charles Bonini  |                              |
|         | Date   |                               | Signature of Attorney   |                              |
|         |  |                               | Semrad Law Firm   |                              |
|         |  |                               | Name of law firm  |                              |

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## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

### A. BEFORE THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services.

  However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$424.50
- 3. Before signing this agreement, the attorney has received, \$400.00 toward the flat fee, leaving a balance due of \$3,600.00; and \$114.50 for expenses, leaving a balance due of \$4,024.50
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: 6/9/2017     |    |                        |  |
|--------------------|----|------------------------|--|
| Signed:            |    |                        |  |
| /s/ Jeffery Lee    |    |                        |  |
| /s/ Lashanda Hudso | on | /s/ Charles Bonini     |  |
| Debtor(s)          |    | Attorney for Debtor(s) |  |

Do not sign if the fee amounts at top of this page are blank.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

## Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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### **UNITED STATES BANKRUPTCY COURT**

Northern District of Illinois

| Chapter13                  |
|----------------------------|
|                            |
| rrect to the best of their |
|                            |
|                            |
|                            |
|                            |
|                            |

WFHM 1 HOME CAMPUS # X230203M DES MOINES, IA, 50328

TD AUTO FINANCE PO BOX 9223 FARMINGTON HILLS, MI, 48333

ALLY FINANCIAL PO Box 130424 Saint Paul, MN, 55113

Santander Consumer USA ATT POC: Janiscia Jackson PO Box 961245 Fort Worth, TX, 76161

AMEX PO box 981540 El Paso, TX, 79998

Honor Finance 1731 CENTRAL ST EVANSTON, IL, 60201

CAVALRY PORTFOLIO SERV 4050 E COTTON CENTER BLV PHOENIX, AZ, 85040

Shindler, Keith 1990e E Algonquin Rd # 180 Schaumburg, IL, 60173

COMENITY CAPITAL/HSN 995 W 122ND AVE WESTMINSTER, CO, 80234

CREDITORS DISCOUNT & A 415 E MAIN ST STREATOR, IL, 61364

ENHANCED RECOVERY CO L 8014 BAYBERRY RD JACKSONVILLE, FL, 32256 MIDLAND FUNDING PO Box 13105 Roanoke, VA, 24031

FIRST PREMIER BANK c/o Jefferson Capital Systems LLC PO Box 7999 c/o Linda Dold Saint Cloud, MN, 56302

PORTFOLIO RECOVERY ASS 140 Corporate Blvd Norfolk, VA, 23502

Blatt Hasenmille Leibsker 10 S Lasalle, Ste 2200 Chicago, IL, 60603

COMENITY BANK/CARSONS 1314 PINELOG ROAD AIKEN, SC, 29803

ASCENSION SERVICES L P 1500 N NORWOOD STE 204 HURST, TX, 76054

CREDIT ONE BANK NA PO BOX 98875 LAS VEGAS, NV, 89193

SENEX SERVICES CORP 333 FOUNDS RD INDIANAPOLIS, IN, 46268

City of Chicago Parking Tickets 333 South State Street, Rm 540 Chicago, IL, 60604

HARRIS & HARRIS LTD 222 Merchandise Mart Plaza, Suite 1900 Chicago, IL, 60654

Progressive Leasing 256 West Data Drive Draper, UT, 84020 EXETER FINANCE c/o Scott Beauchamp PO Box 201347 Arlington, TX, 76006

Sprint 6391 Sprint Overland Park, KS, 66251

Peoples Gas PO BOX 2968 Milwaukee, WI, 53201

Commonwealth Edison 3 Lincoln Ctr Attn: Bankruptcy Department Oakbrook Ter, IL, 60181

City of Chicago Water Department 333 S State, Suite 300 Chicago, IL, 60604

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

### A. BEFORE THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.



6. Advise the debtor of the need to maintain appropriate insurance.

### B. AFTER THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.



- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

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### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services.

  However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney.* If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.



### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$424.50
- 3. Before signing this agreement, the attorney has received, \$400.00 toward the flat fee, leaving a balance due of \$3,600.00; and \$114.50 for expenses, leaving a balance due of \$4,024.50
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: 6/9/2017                    |                        |
|-----------------------------------|------------------------|
| Signed:                           |                        |
| /s/ Jeffery Lee Life way & Some   |                        |
| /s/ Lashanda Hudson X OSM and Hul | /s/ Charles Bonini     |
| Debtor(s)                         | Attorney for Debtor(s) |

Do not sign if the fee amounts at top of this page are blank.

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| Debtor 1 Jeffery First Name   | Lee<br>Middle Name Last  | Case numb  | er (if known)  |  |
|---|--|--|--|--|
|   | estions for Reporting Purposes   | Hano   |  |  |
| <sup>16.</sup> What kind of debts do<br>you have?   | "incurred by an individual pr No. Go to line 16b. Yes. Go to line 17.  16b. Are your debts primarily bu  | imarily for a personal, family, o<br>siness debts? Business debts<br>stment or through the operation | are debts that you incurred to obtain on of the business or investment.                |  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? |  |  | empt property is excluded and administrative unsecured creditors?                      |  |
| 18. How many creditors<br>do you estimate that<br>you owe?  | ☑ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999  | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   | 25,001-50,000<br>50,001-100,000<br>More than 100,000                                   |  |
| 19. How much do you<br>estimate your assets<br>to be worth?   | ☐ \$0-\$50,000<br>☐ \$50,001-\$100,000<br>☑ \$100,001-\$500,000<br>☐ \$500,001-\$1 million   | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 mill \$100,000,001-\$500 mill  | sn \$1,000,000,001-\$10 billion<br>on \$10,000,000,001-\$50 billion                    |  |
| <sup>20.</sup> How much do you<br>estimate your<br>liabilities to be?   | □ \$0-\$50,000<br>□ \$50,001-\$100,000<br>☑ \$100,001-\$500,000<br>□ \$500,001-\$1 million   | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 mill \$100,000,001-\$500 mi    | n \$1,000,000,001-\$10 billion<br>on \$10,000,000,001-\$50 billion                     |  |
| Part 7: Sign Below  |  |  |  |  |
| For you   | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill |  |  |  |
|   | out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.   |  |  |  |
|   | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.   **  /s/ Lashanda Hudson  Signature of Debtor 2  |  |  |  |
|   | Executed on 6/9/2017<br>MM / DD / Y  | <u>~~</u>  | cuted on 6/9/2017  MM / DD / YYYY  PROGRAMMENT AND |  |

| Fill in this information to identify your case: |            |             |                      |  |  |
|---|------------|-------------|----------------------|--|--|
| Debtor 1  | Jeffery    |             | Lee                  |  |  |
|   | First Name | Middle Name | Last Name            |  |  |
| Debtor 2  | Lashanda   |             | Hudson               |  |  |
| (Spouse, if filing)                             | First Name | Middle Name | Last Name            |  |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Illinois |  |  |
| Case number<br>(f known)                        |            |             | (State)              |  |  |

### Official Form 106Dec

| 7      | Check | if 1 | this   | is | an |
|--------|-------|------|--------|----|----|
| onced, | amend | ed   | fillir | ıg |    |

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.  $\frac{1}{2} \int_{\mathbb{R}^{n}} \frac{1}{2} \int_{\mathbb{R}^{n}} \frac{1}$ 

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | 1: Sign Below   |  |  |  |  |
|-----|---|--|--|--|--|
|     | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? |  |  |  |  |
|     | <b>☑</b> No   |  |  |  |  |
|     | Yes. Name of person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and<br>Signature (Official Form 119). |  |  |  |
|     |   |  |  |  |  |
|     |   |  |  |  |  |
|     | Under penalty of perjury, I declare that I have read the summary that they are true and correct.  | and schedules filed with this declaration, and   |  |  |  |
| ×   | /s/ Jeffery Lee Signature of Debtor 1   | Signature of Debtor 2  |  |  |  |
|     | Date 6/9/2017<br>MM/DD/YYYY   | Date 6/9/2017<br>MM/DD/YYYY  |  |  |  |

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| Debtor  | 1 Jeffery                                       |                               | Lee                        | Case number (if known)  |
|---------|---|-------------------------------|----------------------------|---|
|         | First Name                                      | Middle Name                   | Last Name                  |   |
|         | reditors, or other part                         |                               | ou give a financial state  | ment to anyone about your business? Include all financial institutions,   |
| Ľ       | No Yes. Fill in the deta                        | ils below.                    |                            |   |
|         |   |                               | Date issued                |   |
|         | Name  |                               | MM/DD/YYYY                 | _   |
|         | Number Street                                   |                               |                            |   |
|         | City  | State Zip Code                | _                          |   |
|         |   | State Zip Gode                |                            |   |
| Part 12 | : Sign Below                                    |                               |                            |   |
| true    | e and correct. I under<br>ankruptcy case can re | stand that making a false sta | tement, concealing pro     | ments, and I declare under penalty of perjury that the answers are perty, or obtaining money or property by fraud in connection with to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  /s/ Lashanda Hudson Signature of Debtor 2 |
|         | Date 6  | /9/2017                       |                            | Date 6/9/2017   |
| Did     | you attach additiona                            | I pages to Your Statement of  | Financial Affairs for Indi | viduals Filing for Bankruptcy (Official Form 107)?  |
| [7]     | No  |                               |                            |   |
|         | Yes   |                               |                            |   |
| Did     | you pay or agree to p                           | oay someone who is not an at  | torney to help you fill ou | t bankruptcy forms?   |
| V       | No  |                               |                            |   |
|         | Yes. Name of person                             |                               |                            | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119).  |

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### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:        | Lee, Jeffery ; Hudson, Lashanda                | _ Case No                           |                                     |
|---------------|--|-------------------------------------|-------------------------------------|
|               | Debtor(s)                                      | - Out 140                           |                                     |
|               |  | Chapter.                            | Chapter13                           |
|               | VERIFICATION                                   | ON OF CREDITOR MAT                  | TRIX                                |
| T<br>knowledg | he above named Debtors hereby verify that the. | ne attached list of creditors is tr | ue and correct to the best of their |
| Date:         | 6/9/2017                                       | /s/ Lee, Jeffery                    | me walk                             |
| -             |  | Lee, Jeffery<br>Signature of Deb    | otor                                |
|               |  | /s/ Hudson, Lasi<br>Hudson, Lashan  | I NOVIUNOL SUC-                     |
|               |  | Signature of Join                   |                                     |

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| Debt   | or 1 Jeffery<br>First Name                        | Middle Name   | Lee<br>Last Name  | Case number (if known)  |             |
|--------|---|---|---|---|-------------|
| 16.    | Calculate the median fa                           | mily income that applies to   | ou. Follow these step                                       | S:  |             |
|        | 16a. Fill in the state in wh                      | ich you live.   | Illinois  |   |             |
|        | 16b. Fill in the number of                        | people in your household.   | 4   |   |             |
|        | 16c. Fill in the median fan                       | nily income for your state and s  | ize of  |   | \$91,216.00 |
|        | household   |   | To fine   | d a list of applicable median income amounts, go online   |             |
| 17.    | How do the lines compa                            |   | or this form. This list if                                  | ay also be available at the bankruptcy clerk's office.  |             |
|        | 17a. Line 15b is less under 11 U.S.C.             | than or equal to line 16c. On the § 1325(b)(3). <b>Go to Part 3.</b> D  | ie top of page 1 of this<br>o NOT fill out <i>Calculati</i> | form, check box 1, <i>Disposable income is not determined</i> on of <i>Disposable Income</i> (Official Form 122C-2).  |             |
|        | U.S.C. § 1325(b                                   | e than line 16c. On the top of p<br>o)(3). <b>Go to Part 3 and fill out</b><br>current monthly income from li | Calculation of Dispos                                       | eck box 2, <i>Disposable income is determined under 11</i><br>sable Income (Official Form 122C-2). On line 39 of that |             |
| Part   | Calculate Your Co                                 | mmitment Period Under   | 11 U.S.C. §1325(b   | )(4)  |             |
| 18.    | Copy your total average                           | monthly income from line 11   | •   |   | \$3,733.67  |
| 19.    | Deduct the marital adjust commitment period under | stment if it applies. If you are<br>11 U.S.C. § 1325(b)(4) allows   | married, your spouse i<br>you to deduct part of y           | s not filing with you, and you contend that calculating the<br>your spouse's income, copy the amount from line 13.    |             |
|        | 19a. If the marital adjustm                       | ent does not apply, fill in 0 on I  | ine 19a.  |   | -\$0.00     |
|        | 19b. Subtract line 19a fr                         | rom line 18.  |   |   | \$3,733.67  |
| 20.    | Calculate your current n                          | nonthly income for the year.  | Follow these steps:   |   |             |
|        | 20a. Copy line 19b.                               |   |   |   | \$3,733.67  |
|        | Multiply by 12 (the n                             | umber of months in a year).   |   |   | x 12        |
|        | 20b. The result is your cur                       | rent monthly income for the yea   | ar for this part of the fo                                  | m.  | \$44,804.04 |
|        | 20c. Copy the median fam                          | nily income for your state and si   | ze of household from  | ine 16c.  | \$91,216.00 |
| 21.    | How do the lines compa                            | re?   |   |   |             |
|        | Line 20b is less than I commitment period is      | ine 20c. Unless otherwise order<br>3 years. Go to Part 4.   | red by the court, on the                                    | e top of page 1 of this form, check box 3, The  |             |
|        |   | or equal to line 20c. Unless oth eriod is 5 years. Go to Part 4.  | nerwise ordered by the                                      | court, on the top of page 1 of this form, check box   |             |
| Part 4 | Sign Below  |   |   |   |             |
|        | By signing here, I decl                           | are under penalty of perjury that   | t the information on th                                     | is statement and in any attachments is true and correct.  |             |
|        | 1.  |   |   |   |             |
|        | /s/ Jeffery Lee Signature of Debto                | on fuffery de   |   | signature of Debtor 2   | •           |
|        | Date 6/9/2017                                     |   |   | Date 6/9/2017   |             |
|        | MM/DD/YY  | ₹Y  |   | MM/DD/YYYY  |             |
|        |   | o NOT fill out or file Form 122C<br>I out Form 122C-2 and file it wi  |   | of that form, copy your current monthly income from lin   | e 14        |